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by

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**An Analysis of Children's Attitudes  
Toward Older Adults**

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**An Analysis of Children's Attitudes  
Toward Older Adults**

by

Debra Lee Wishard, B.S; M.Ed

Dissertation

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## **Dedication**

I dedicate this work to my father, the late Melvin Wishard,  
who told me at an early age that I could accomplish anything I truly wanted.

I listened.

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# **An Analysis of Children's Attitudes Toward Older Adults**

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This study examined children's attitudes toward older adults and three predictors of attitudes— knowledge of older adults, views of aging, and empathy. Gender and ethnic differences on all variables were examined. Saliency of predictor variables as related to attitudes toward older adults was also examined. In addition, potential influences of children's attitudes toward older adults (children's perceptions of parental and peer attitudes toward older adults and children's perceptions of television portrayal of older adults) were examined.

The study sample consisted of 185 Non-Hispanic White and Hispanic children aged 10-11 years, attending public and private schools. Children were found to have fairly positive attitudes toward older adults, views of aging midway between positive and negative, moderate knowledge about older people, and

moderate empathy. All predictor variables correlated positively and significantly with attitudes. Children who had participated previously in a project with older people had more positive attitudes toward older people than those who had not participated. Gender differences did not exist on measures of any variables. Non-Hispanic children scored higher on the measure of knowledge than did Hispanic children. Hispanic children who reported prior participation in a project with older adults scored higher on the measure of attitudes toward older adults than Non-Hispanic White children. Children's knowledge about older adults was the most salient predictor of attitudes toward older adults. Only children's perceptions of peers' attitudes toward older people correlated significantly with children's attitudes toward older people.

In the qualitative analysis of the views of aging measure, children were found to perceive the aging process as having both negative and positive conditions associated with it, yet they evaluated the process as either good or neutral. The same was true when asked about their own aging. Females and males did not differ markedly with regard to evaluations of the aging process. Hispanic children evaluated their own aging more negatively than Non-Hispanic White children.



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## **Chapter I: Introduction**

*Youth, large, lusty, loving, youth full of grace, force, fascination. Do you know that Old Age may come after you with equal grace, force, fascination?*

*Walt Whitman*

### **Historical perspective**

Relations between the old and young have not been amicable in the history of Western civilization since the later Middle Ages. This is not to say that there were no positive relations. History does tell us that the young often turned to old women to provide folk medicine in cases of illness or childbirth. Christian teachings encouraged deference to older people, and church seating in colonial Massachusetts gave pride of seating place to those who were older. There is some evidence that young people looked forward to reaching advanced age as a rite of passage to dignity and wisdom. During colonial times whitened wigs were worn to present one as older, and many people were prone to claim to be older than they actually were (Fischer, 1978). In some illiterate societies, elders were the keepers of the culture's collective memory. By the 1800's, however, a passion for youngness developed, and when people lied about their age, they lied toward youth. By the late 1800's, old age was being linked increasingly to infirmity and degeneration (Achenbaum, 1978).

It is useful at this point to divide history of Western civilization into pre-industrial and post-industrial. Simone de Beauvoir stated that prior to the late 1700's, an elderly population barely existed (Stearns, 1989). This is not entirely

true; however, the population of older people was limited by high death rates. The adult life expectancy during the 1700's was into the late fifties. This, coupled with the tendency for people outside the wealthy elite to marry in the later twenties, led to restriction in overlap between older and younger generations. Western culture at this time stressed the importance of the nuclear family, with older members of the family often residing in the same household with their children and their spouses, resulting in family tension. The old were often seen as taking valuable resources from the family while giving nothing in return (Stearns, 1982). Many young adults waited for older relatives to die because this death provided their access to property necessary for their own economic independence. Many older parents had to draw up contracts to assure their own subsistence. Therefore, economic tensions existed between younger and older family members (Thomas, 1976). During this time in history, strict discipline of children was the rule. While the parents were young and strong, resentments by children over harsh treatment may have been held at bay. When the parents became older and less vigorous, these resentments could burst through, sometimes with tragic results. It was during this time that witchcraft hysteria pitted predominantly young accusers against predominantly older (typical female) targets. This may have taught older people, for their own safety, to minimize confrontation with the young.

During the 19<sup>th</sup> century, the United States became increasingly urban and industrial. Paying jobs became available. Rather than younger people waiting for

the death of a family member to gain access to property, they were able to obtain their own property and position. One source of tension between the old and young, therefore, declined in salience. It was at this time in history that stories and advertisements depicted grandmothers as rosy-cheeked purveyors of good advice and great affection. Co-residence with grandparents increased somewhat, particularly with city-dwellers, partly due to housing shortages. The elderly often served as babysitters, a necessity in a society where work was becoming increasingly separate from the home. Interactions with older family members increased, and elders were seen as less of a drain on the family resources. In the rapidly changing social setting, many people continued to view the family as a bastion of traditional values, and society experienced periodic fads for family reunions to compensate for the lack of geographic proximity in families. Though the picture of relations between the young and old at this time in history appears positive, it should be mentioned that it was during this point in Western history that a pattern of institutionalization developed. Increasing numbers of elders, who younger family members could not or would not care for, were housed in alms houses or institutions, thereby segregating the generations (Van Tassel & Stearns, 1986).

In the 20<sup>th</sup> century, pension-supported retirements and social security measures reduced the dependency of elders on younger family members; therefore, separate households were facilitated along with less interaction between the



generations (Graebner, 1980; Gratton, 1986). Though automobiles and telephones allowed for frequent contact between family members, the interactions were more strongly between adult children and their parents rather than between grandchildren and grandparents. Not only did the children of older people value the independence of their lives without their parents residing with them, but the elders then, as now, rated independence highly. The cost has been intergenerational contact. In the workplace, mandatory retirements further limited contact between the generations. This situation exists today as well. Presently, our society promotes association between one's generational peers among the young as well as the old. One has only to look at residential situations in senior communities, in which residents must be 55 years of age or older and in which young people are excluded except for visits, to see this in action. In the 1970's, reunions and concerns about family roots resurfaced, and older family members began to enjoy a definite place in the family system as a reference point for younger family members. Today, with more women working and with the growth of single-parent families, older people are assuming the role of caregiver for the young. Family changes and other institutions in our society today have reduced the chances for interaction between the old and young in meaningful ways. In addition, new tensions have developed between the young and old over Social Security benefits. The young perceive themselves to be supporting older people through their contributions to Social Security, with nothing to be left over for the young when they are themselves elderly (Stearns, 1989).

## **Problem Statement**

In 2000, over 33 million Americans were aged 65 years and older. This number is projected to increase to 36 million by the year 2005 and to 40 million by the year 2010. In the year 2000, the number of individuals aged 85 years and older was 4.3 million, and this number is expected to increase to 5.8 million by the year 2010 (Statistical Abstract of the United States, 2001). Developments in our society have led to increasing isolation for both old and young. Geographic mobility, patterns of divorce and remarriage, and age-segregated housing all suggest that children and older adults do not have ready access to each other (Nee, 1989). In addition, there is a trend in our society away from extended families to nuclear families (McCollum & Shreeve, 1994). Young couples starting out often move away from their hometowns and relocate in other areas to find employment. In some cases, families settle into neighborhoods which attract young professionals, thereby minimizing opportunities for children to interact with grandparents or other older people (Kupetz, 1993).

As more and more people live longer and healthier lives, and the number of older adults increases, it becomes incumbent upon society to reflect upon the genesis and nature of attitudes and perceptions of its younger people toward older adults. While their numbers may be large, older adults are often the focus of negative social attitudes which makes them vulnerable to a form of prejudice known as ageism (Falchikov, 1990, Seefeldt, Jantz, Galper, & Serock, 1977).

Laws (1995) states that age should be studied as a component of a complex framework of social relations between individuals. Laws suggests that society has transformed biological and chronological age into social and cultural signs. Perceived differences between young and old people, therefore, are socially constructed, and are not necessarily reducible to biological causes. How a culture views age is often based upon socially/culturally agreed upon standards.

Attitudes regarding older people can influence the treatment they receive in society (Green, 1981). Negative attitudes may limit the quality of health care services for older people by influencing public policies and legislation pertaining to specific needs of older people (Brubaker & Powers, 1976). It has been contended that reversing the negative attitudes and misconceptions regarding older people may be crucial to their survival (Bennett & Eckman, 1973).

Research has indicated that children as young as eight years hold primarily negative attitudes toward older people (Hickey, Hickey, & Kalish, 1968). In addition, studies have shown that as early as the third and fourth grade, children hold negative attitudes toward their own aging (Seefeldt, Jantz, Galper, & Serock, 1977). It has been suggested in the research that fear of one's own aging leads to a tendency to avoid contact with older persons (Neugarten, 1976). This fear may also influence an individual's eventual level of activity and alertness, as well as self-esteem and feelings of control, in old age (Langer, Perlmutter Chanowitz, & Rubin, 1980; Rodin & Langer, 1980).

## **Purpose**

To date, no research has been conducted to investigate possible predictors of children's attitudes toward older adults. Nor has research been conducted to examine salience of predictors of children's attitudes toward older adults. Information from this study may provide insight into children's development of attitudes toward older adults. It may also assist those designing intergenerational programs for the purpose of changing children's attitudes toward older adults by identifying important variables that should be addressed by program components to expedite attitude change.

The present study has five purposes: (1) to examine children's attitudes toward older adults and three potential predictors of attitudes- knowledge about older adults, views of aging, and empathy, (2) to examine gender differences with regard to children's attitudes toward older people, knowledge about older people, views of aging, and empathy, (3) to examine ethnic differences with regard to children's attitudes toward older people, knowledge about older people, views of aging, and empathy, (4) to examine saliency of predictor variables (knowledge, views of aging, and empathy) as related to children's attitudes toward older people, and (5) to examine potential influences of children's attitudes toward older people- children's perceptions of parental attitudes toward older people, children's perceptions of peer attitudes toward older people, and children's perceptions of television portrayal of older people.

## **Theoretical Framework**

The Theory of Planned Behavior (Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980) defines an attitude as “the amount of affect for or against something...(or) a person’s favorable or unfavorable evaluation of an object” (Fishbein & Ajzen, 1975, pp. 11-12). The causal chain model regards cognition, affect, and behavior as distinct antecedents or consequences of an attitude and considers the attitude itself to be an overall summary response (Ajzen, 1985; Ajzen & Fishbein, 1980; Bem, 1970; Cacioppo, Petty, & Geen, 1989; Fishbein & Ajzen, 1975; Hill, 1981).

The attitude construct can be differentiated from related terms (e.g., beliefs, intentions, prejudice, opinion, perceptions) by its evaluative nature. Consequently, an attitude toward a person or object is appropriately measured by having an individual rate a subject on a bipolar affective or evaluative dimension (Fishbein & Ajzen, 1975). Beliefs can be defined as knowledge or information a person has about an attitude object. Beliefs may vary in their strength and thus are best measured by placing them “along a dimension of subjective probability” (Fishbein & Ajzen, 1975, p. 12). The model maintains that attitudes are based on an individual’s salient beliefs. Attitudes are related to a set of beliefs that a person has about an attitude object, but not necessarily to any specific belief. Similarly, a

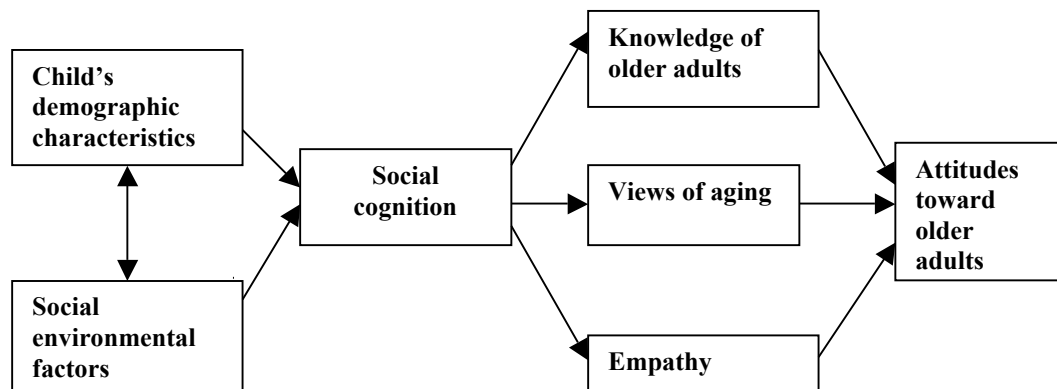
person's attitude may be related to a set of intentions to behave a certain way toward an attitude object but not necessarily to any single intention.

In this study, the social learning approach of Bandura (1977) must be examined to provide the theoretical foundation necessary for the discussion of the development of social cognition. It is recognized that a child is born in an on-going society with common symbols, established patterns, and recognized positions. It is through others that a child learns these elements of the social world. The behavior of "significant others" and the process of learning, both incidental and direct learning, become crucial elements in explaining the socialization process (Bandura & Huston, 1967).

The particular concepts embodied in the theory which pertain to this study are as follows. Environment refers to factors that are physically external to the person. The environment may include the family, peers, the community, and the media. If the environment is hostile toward older people, the child may develop negative social cognitions of older people which may then result in negative attitudes toward them. Situation refers to the person's perception of the environment. If the opportunity has been provided for a child to interact with high-functioning, active, happy older people, this may be instrumental in promoting a more positive picture of older people and aging. Expectation refers to anticipatory outcomes (Bandura applied this to behavior). Older people available to the child may become models for positive aspects of aging and the older population.

Observational learning involves behavioral learning by watching the actions and outcomes of others. As children see their significant others interact in positive ways with older adults, they may come to interact positively as well. Reciprocal determinism is the dynamic interplay between the person, behavior, and the environment. If, for instance, a child has had the opportunity to interact with older people, this can change the environment and behaviors. Behaviors of older adults available to the children and behaviors of the children have the potential to change the environment as well as the older adults and children themselves. The environment provided in an interaction can also affect the behaviors of the participants and the participants themselves.

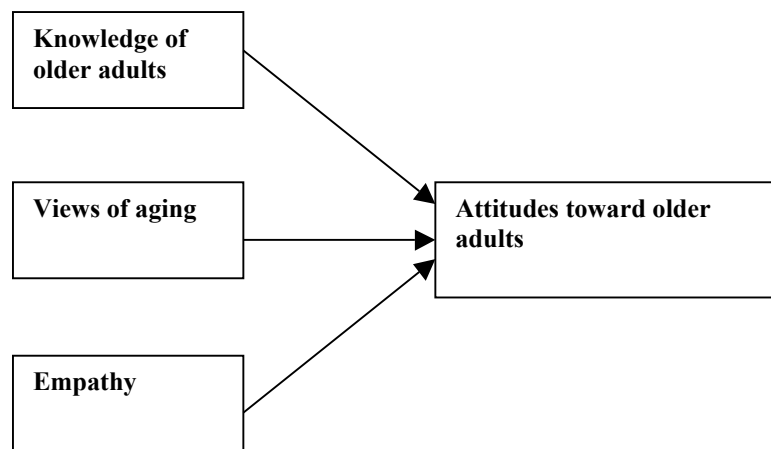
### Conceptual and Analytical Models



**Figure 1- Conceptual Model**

Figure 1 depicts the proposed relationships of the selected variables which constitute the conceptual model for this research. It illustrates the reciprocal

relationship between the child's demographic characteristics and the child's environment, which then lead to the development of social cognition. Social cognition then leads to the predictor variables which are the child's knowledge of older adults, views of aging, and empathy toward older adults. These predictor variables lead ultimately to the child's attitudes toward older adults.



**Figure 2- Analytical Model**

Figure 2 depicts the analytical model for this research. It includes knowledge of older adults, views of aging, and empathy as predictors of attitudes toward older adults. It focuses on the portion of the conceptual model concerning knowledge of older adults, views of aging, and empathy toward older adults as predictors of attitudes toward older adults.



## **Hypotheses/Exploratory Questions**

### Hypothesis 1

It is predicted that subjects who report participation in a school project involving older people will score higher on the measure of attitudes toward older people than subjects who report no participation in a school project involving older people.

Rationale: Allred and Dobson (1987) performed a study of changes in sixth-grade students' attitudes toward older people after participation in an intergenerational project with nursing home residents for 10 weeks, and found a positive shift in the students' attitudes toward older people, though it was a small shift. Aday et. al. (1993) studied African American adolescents' attitudes toward older people after an eight-week intergenerational project with older residents of a senior citizen center, and concluded that the students' attitudes toward older people became more positive. In much of the existing literature, intergenerational programs appear to provide positive benefits with regard to younger persons' attitudes toward older people. Some cross-age investigators have, however, found either no difference or increased negative attitudes toward older people following contact (Auerbach & Levenson, 1977; Baggett, 1981; Chappell, 1977; Immorlica, 1980; Ivester & King, 1977; Seefeldt, 1987; Seefeldt & Jantz, 1977). To cite Immorlica (1980) again, the social conditions in which the intergenerational contact occurs are critical in determining whether attitudes become more positive.

### Hypothesis 2.1

It is predicted that a positive correlation will exist between children's empathy and children's attitudes toward older adults.

### Rationale:

In a study by Batson et. al. (1997), it was found that feeling empathy for a member of a stigmatized group can improve attitudes toward the group as a whole. Empathy has been found to increase valuing the welfare of the person for who empathy is felt and, moreover, this valuing has been found to endure after the resultant empathic feelings are gone (Batson, Turk, Shaw, & Klein, 1995). Schwalbach and Kiernan (2002) found that as empathy increased in children who were participants in an intergenerational program, the children's attitudes toward the older people in the program became more positive. Bagshaw & Adams (1985) studied empathy of nursing home nurses and their attitudes toward their elderly residents. She found that higher levels of empathy among the nurses correlated positively with more positive attitudes toward the elderly residents.

### Hypothesis 2.2

It is predicted that a positive correlation will exist between children's knowledge of older adults and children's attitudes toward older adults.

### Rationale:

Gardiner (1972) found that increased knowledge about an outgroup can improve intergroup attitudes and stereotypes about the outgroup. Weinberger (1979) found that children aged five to eight years exhibited negative stereotypes of older persons and demonstrated mixed feelings about interacting with older persons. Stephan and Stephan (1984) found that contact which allowed Anglo students to learn more about Chicano classmates led to more positive attitudes toward Chicano classmates.

### Hypothesis 2.3

It is predicted that a positive correlation will exist between children's views of aging and children's attitudes toward older adults.

### Rationale:

McTavish (1971) found that negative perceptions of older adults by children can result in an overall rejection of older adults. He argues that children fear growing old because of their misconceptions that aging is bad. Page et. al. (1981) interviewed children about their attitudes toward older people and the aging process, and he found that over two-thirds of the children expressed negative feelings about their own aging. Seefeldt et. al. (1977) found that by the third and fourth grade, a majority of young people he investigated held negative attitudes toward older people and their own aging.

### Hypothesis 3.1

It is predicted that gender differences will exist in children's empathy.

### Rationale:

Mitchell, Wilson, Revicki, and Parker (1985) investigated 255 African-American and Caucasian, male and female children regarding their attitudes toward older people. The measure used in the study assumed that children's aging attitudes include affective, physical ability, and personality trait dimensions. It was found that girls of both races evaluated older people more highly on positive affective relations and physical abilities than did boys. Bryant (1982), in developing an empathy index, studied groups of first-graders, fourth-graders, and seventh-graders, both male and female. She found that in each grade studied, girls were more empathic than boys. Hoffman (1977) found that while both males and females may be equally adept at affective perspective taking, females were more empathetic in their vicarious affective response. Adams et. al. (1993) found that girls were better than boys in correctly identifying others' emotions at age three, but by age five boys were significantly more correct in their empathic identification of others' feelings. Freeman (1984), however, in her study of preschoolers, found no gender differences in empathy. Such was the case as well in a study of empathy in preschoolers by Marcus, Telleen, and Roe (1979).

### Hypothesis 3.2

It is predicted that gender differences will exist for children's views of aging.

#### Rationale:

In a study by Haught et. al. (1999), a modified version of Palmore's (1980) Facts on Aging Quiz was used to assess child and adolescent knowledge of older adults. Positive and negative biases were examined for items answered incorrectly. To explain biases, if an item statement was negative in nature (e.g. "Older people take longer to learn new things than younger people") and the item was marked "false", it was suggested that the student had a positive bias toward older people. If the item statement was negative in nature (e.g. "Most older persons are healthy enough to complete their daily tasks") and it was marked "false", it was suggested that the student had a negative bias toward older adults. It was found that there was more positive bias among adolescent females compared to adolescent males. In a study by Steitz & Verner (1987) the results were the same.

### Hypothesis 3.3

It is predicted that gender differences will exist for children's attitudes toward older adults.

#### Rationale:

Falchikov (1990) analyzed children's drawings of young and old people to ascertain their ideas about aging and older adults. He found that boys' drawings of

young women were stereotypical, whereas girls' drawings of old men were stereotypical. The drawings of older people were more negative in content, and the drawings of older adults were significantly smaller than the drawings of young people. Downs (1981) found that preschool boys were generally less positive than girls in attitudes toward older people. Boys also tended to view older people as less physically attractive than younger adults.

#### Hypothesis 4.1

It is predicted that ethnic differences will exist for children's knowledge of older adults.

#### Rationale:

In a study by Haught (1999) in which child and adolescent knowledge and attitudes toward older people was assessed, white adolescents answered more items correctly than Hispanic adolescents. Palmore (1980) found no differences based on ethnicity on a measure of knowledge of older adults.

#### Hypothesis 4.2

It is predicted that ethnic differences will exist for children's views of aging.

#### Rationale:

Haught's (1999) study of child and adolescent knowledge about older adults and aging found that Hispanic adolescents tended to show more negative bias toward older adults and aging than white or black adolescents. Barresi & Menon

(1990) and Mui & Burnette (1994) have stated that Black, Hispanic, and Asian elderly are more dependent upon informal networks (e.g. family, friends, and neighbors) for the majority of their long-term care. In addition, older Black Americans and Hispanics manifest equal or greater levels of family contact compared to their White counterparts (Barresi & Menon, 1990). Given these situations, the potential for different views of aging held by different ethnic groups may exist.

#### Hypothesis 4.3

It is predicted that ethnic differences will exist for children's attitudes toward older adults.

#### Rationale:

Jensen & Oakley (1982-83) found that Whites were less likely to enjoy spending time with old people than were Native Americans and Hispanics. Whites, however, were more likely to disagree with a statement that people do not do much when they are old, suggesting that they see older people as more active than do Native Americans or Hispanics. Black and Hispanic elderly are more likely than Whites to live in multigenerational or extended families throughout their lives (Ruggles & Goeken, 1992). Both Black and Hispanic cultures clearly include the notion that the elderly deserve respect from the younger generation and normative expectations to assist the elderly (Chatters & Taylor, 1990; Sudarkasa, 1988). Kivett (1993) found that Black grandmothers both give more help to and receive

more help from their grandchildren than is the case with White grandmothers. These factors would provide for potential ethnic differences in attitudes toward older people.

#### Hypothesis 5.1

It is predicted that a positive correlation will exist between children's perceptions of their parents' attitudes toward older adults and children's attitudes toward older adults.

#### Rationale:

The traditional socialization model assumes that cultural transmission is by way of the parent-child relationship, and that parental behavior is a cause and child behavior is an effect (Harris, 1995). The behavioral genetic model adds a genetic link between parents' personalities and children's personalities, but it is still presumed that culture is passed on by parents. It is also assumed that parent-child relationships more strongly influence the child's behavior than do peer relationships, though the possibility of peer effects is now admitted (McGue, Bouchard, Iacono, & Llykken, 1993; Plomin, Owen, & McGuffin, 1994). In studies by Berndt (1979) and Bowerman and Kinch (1969), the results generally showed that parental influence is high during early school years and then gradually declines, and that peers' influence is low at first and gradually increases, reaching a peak in early adolescence.



### Hypothesis 5.2

It is predicted that a positive correlation will exist between children's perceptions of their peers' attitudes toward older people and children's attitudes toward older people.

### Rationale:

The group socialization model posits that the child's personality is affected by the behavior of peers toward the child and by the way the child behaves outside the home, which is influenced by peer group norms. Behaviors approved by the peer group are part of the outside-the-home behavioral system and become a permanent part of the adult personality. Culture is transmitted by way of its effects on peer group norms, and there is no path from culture to personality via the parents (Harris, 1995). Peer influence has been found to be potent even at ages and in circumstances where parental influences would be expected to have priority. For example, it is well known that preschoolers are loath to eat certain foods, despite much favorable propaganda or forceful urging from their parents. As Birch (1987) discovered, the best way to induce children of this age to eat a disliked food is to put them at a table with a group of children who like it.

### Hypothesis 5.3

It is predicted that a positive correlation will exist between children's perceptions of television portrayal of older adults and children's attitudes toward older adults.

### Rationale:

Though children imitate their parents in all societies, they imitate other people as well: older siblings (Zukow, 1989), non-family adults and children ((Maccoby & Jacklin, 1974; Perry & Bussey, 1984), and characters they see on television (Lasater & Johnson, 1994). Rowe (1994) points out that it would not make evolutionary sense for children to learn only from their parents; it would mean, for example, that children might fail to pick up useful innovations unless the innovator happened to be their parents. Rowe postulates an innate adaptive mechanism that directs the child to learn from any source, not just parents. Yates (1989) has found that, with regard to thinness, the media world has done much to transmit the value that thinness for women and girls is equated with higher beauty and vocational status. This trend of cultural valuation begins in childhood, and is pervasive in early adolescence (Tobias & Gordon, 1980). It has been shown that media can influence social development in a general way. Signorielli (1991) found that heavy television viewing adolescents had distorted ambitions in relation to the world of work. These were correlated with portrayals of employment in the media (e.g., they expect high status work and expect the demands of work to be relatively easy). Other kinds of distortions in social understanding (e.g. expectations of marriage) were also traced to television portrayals and intensive exposure to them (Signorielli, 1993).

### Hypothesis 6

It is predicted that children's knowledge of older people will be the most salient predictor of children's attitudes toward older people.

### Rationale:

To date, no research has been conducted to investigate possible predictors of children's attitudes toward older adults, nor has research been conducted to examine salience of the predictors of children's attitudes toward older adults. How children's attitudes about and perceptions of older adults are formed is not known. Marks, Newman, and Onawola (1985) used the Children's Views on Aging questionnaire to demonstrate the complexity and diversity of children's attitudes toward older adults. They found that, although children's attitudes toward the aging process were often negative, their general attitudes about older adults were positive. Based upon their research, Marks et al. (1985) have suggested the need to look beyond children's attitudes and at the underlying components of those attitudes.

While salience of knowledge in predicting children's attitudes toward older people has not been represented in the literature, there is support for the potency of knowledge as it is related to attitudes, particularly knowledge as it is related to attitude change. In those intergenerational programs in which young people are brought into contact with older people specifically for the study of attitude change in young people toward older people, most of the successful programs have

included an educational, knowledge acquisition component in the program (Seefeldt, 1982; Doka, 1985/1986; Aday & Campbell, 1995). The young people, therefore, have the opportunity to learn about older people didactically in addition to learning about them through interaction. In a study conducted by Murphy-Russell, Die, & Walker (1986) for the purpose of comparing different methods to affect attitude change in young people toward older people, it was found that the most significant attitude changes occurred with the contact method; however, the knowledge method alone yielded attitude changes which were significant as well. In a dissertation study conducted by Meshel (1997) for the purpose of investigating attitude and stereotype change in children with regard to older people through either a contact situation or a didactic learning situation, results similar to those found by Murphy-Russell et.al. (1986) were obtained.

Batson (1997) has found that empathic feelings toward a person or group can affect attitudes toward the person or group. By adding new information, or knowledge, about the target person or group, attitudes can change. Knowledge can be seen here to affect empathy, lending further support for its potency with regard to attitudes.

### **Exploratory Questions**

*Question 1-* Will gender differences exist for children's knowledge of older adults?

Palmore's (1980) synthesis of the research literature revealed no significant mean differences of knowledge of older adults based on gender, when educational level was held constant. In a study by Haught et. al. (1999), adolescents' knowledge of older adults and the aging process was assessed using a modified version of Palmore's (1980) Facts on Aging Quiz. No significant gender differences in total scores on the knowledge measure were found.

*Question 2- Will ethnic differences exist for children's empathy?*

It has been felt that Hispanic children might be more attuned to the feelings of others and, therefore, be more empathetic than non-Hispanic Whites because some studies have demonstrated that Hispanic children are more prosocial than non-Hispanic Whites (Kagan, 1977; Kagan & Buriel, 1977). In a study of empathy and prosocial behavior among Hispanic and non-Hispanic White children by Knudson and Kagan (1982), it was found that no ethnic differences existed for empathy. Hispanic boys were found to be more prosocial than non-Hispanic White boys. No differences existed between Hispanic and White girls for prosocial behavior.

### **Definition of Terms**

*Child's demographic characteristics-* The child's age, gender, and ethnicity.

*Social environmental factors*- The child's perceived parental and peer attitudes toward older people, the child's perceptions of television portrayal of older people, and the child's contact with older people.

*Social cognition*- Knowledge and inferences about the characteristics of people (e.g. traits), their behaviors (e.g. aggressive), and their motivations (e.g. frustration), as well as social characteristics of the self and relationships between the self and others (Shantz, 1983).

*Knowledge*- Familiarity, awareness, or understanding gained through experience or study (American Heritage Dictionary, 2000). In the present study, knowledge would include information available to members of one group about the other group (Breslin, 1986).

*Views of aging*- Perceptions about aging (Newman et. al., 1997).

*Empathy*- A vicarious emotional response to the perceived emotional experiences of others (Bryant, 1982).

*Attitudes*- The amount of affect for or against something...or a person's favorable or unfavorable evaluation of an object (Fishbein & Ajzen, 1975).

*Intergenerational programs*- Planned ongoing activities between elders and youth that foster mutual growth and address community needs (Center for Intergenerational Learning, 1999).

*Older adults*- People aged 65 years and older.

## **Variables**

### *Background Characteristics*

Information was collected on several background characteristics of the students. These included grade level, age, sex, and ethnic heritage. The numbers of grandmothers and grandfathers the student has met in his/her life, the geographical distance of grandparents from the student, frequency of contact, and enjoyment of time spent with each grandparent listed were also assessed. Students were asked if they had ever lived in the same house with a person 65 years of age or older, as well as how they felt about someday being 65 or older. They were also asked about their perceptions of their parents' and peers' attitudes toward older people and their perceptions of television portrayal of older people.

### *Knowledge of Older Adults*

A modified version of the Facts on Aging Quiz (FAQ) (Palmore, 1977) (Appendix B) was used to assess students' knowledge of older adults. This measure consists of 22 items assessing children's knowledge of factual information about older adults

### *Views of Aging*

The Children's Views of Aging, Section I instrument (CVOA) (Marks, 1980; Newman, 1997) (Appendix C) was used to assess students' views of what it is like to be old and of the aging process. This measure consists of 8 items

containing an open-ended question followed by a close-ended evaluation of the response to the open-ended portion of the question.

#### *Attitudes toward Older Adults*

The Children's Views of Aging, Section III instrument (CVOA) (Marks, 1980; Newman, 1997) (Appendix D) was used to assess children's attitudes toward older adults in an 11-item semantic differential format along a continuum from positive to negative.

#### *Empathy*

The Index of Empathy for Children and Adolescents (Bryant, 1982) (Appendix E) was used to assess students' empathy. This measure consists of 22 items assessing children's empathy as defined previously by Bryant (1982).

#### **Limitations**

The study sample was a non-randomized convenience sample, consisting of 185 volunteer male and female children, aged 10-11 years. The majority of the participants were Non-Hispanic White and female children, therefore, the findings of this study may not generalize to all children aged 10-11 years.

Instrument limitations may exist in this study. All information was collected through self-report measures. It is possible that the responses to the questions on



some of the questionnaires may have been affected by different reading abilities, as well as language barriers in some of the children even though the questions were read aloud to the children by the researcher as the children read along and responded. In addition, one of the questionnaires, the Facts on Aging Quiz, was modified by the researcher and other child professionals to make it more easily understood for the age group chosen for the study. Every effort was made, however, to maintain the intent of the original questionnaire.

A number of threats to external validity may be present in this study. Social desirability may have altered the responses on the questionnaires because the participants wanted to please the researcher and paint a positive picture of themselves. The expectancy effect may have occurred, depending on the participants' perceived attitude of the researcher. The Hawthorne effect may have been at work, and the participants may have behaved in other than true ways because they were part of a study.

## **Summary**

This chapter provided information forming the foundation of the present study. A statement of the problem underlying the present research was presented as an explanation of why we should want to know what children feel about older adults and aging. The purposes of the study were outlined. The theoretical underpinnings of the study were also presented along with the conceptual and

analytical models guiding the research. The hypotheses to be investigated by the study and the rationale for their formulation were included, and exploratory questions to be addressed by the present study were posed. Definitions of terms used in the study were provided, along with descriptions of major variables. Finally, potential limitations of the study were discussed.

## **Chapter II: Literature Review**

The objective of this literature review is to form a better understanding of the development of children's attitudes toward older people and the processes involved in the development of those attitudes. Laws (1995) suggests that society has transformed biological and chronological age into social and cultural signs. Perceived differences between young and old people are, therefore, not necessarily reducible to biological causes. How a culture views age is often based upon socially/culturally agreed upon standards. How are children's attitudes about and perceptions of older adults formed? The answer to this question is complex.

### **Socialization**

"The process whereby the child becomes a social being" is perhaps the most comprehensive short definition of "socialization" (Grusec & Lytton, 1988, p. 161). The word "socialization" implies that the individual lives in a social world, that is, within a group, and group living, by its nature, imposes its own restraints and patterns of living. It is early in childhood that the child most actively and rapidly acquires these patterns of behavior. He/she does so by means of and in context with his interactions with his family. The family, at least in most forms of Western society, is the primary agent of socialization. One may also define socialization as the process by which an individual learns the ways of a given society or social

group so that he/she may function in it. This includes learning and internalizing appropriate patterns, values, and feelings. Since the socialization process occurs through social relationships, a child cannot learn the ways of the society by being apart from people. The child's family and others, wittingly or unwittingly, teach a child through their guidance, examples, responses, and emotional attachments. Socialization, thus, is a function of social interactions (Grusec & Lytton, 1988).

The socialization process is not adequate by itself in describing the multifaceted phenomenon of human development. The interplay of various environments makes it necessary to view the child in a dynamic ecosystem. For example, underlying the social development of the child is the biological factor. The biological organism requires input from its near environment such as food, warmth, space, and air. It then follows a systematic and orderly pattern in development of neural, muscular, and glandular tissues. No amount of training can enable a person to function in a given way before he is biologically ready. Maturation and socialization are highly interrelated. Jean Piaget (1896), a Swiss psychologist noted for his work with nursery school children, showed that there are distinct lines of development, and quite early in a child's life social factors combine with physiological development to influence the child's ways of thought and perception of the world.

The agencies of socialization such as the family, community, school, peer group, and mass communication create a flow of informational input and output

resulting in mechanisms for interactions between the social as well as the technological and physical environments (Rutter et. al. 1979; Abramovitch & Grusec, 1978; Abramovitch et. al., 1982; Spigel, 1992). The degree to which a child's ecosystem is open or closed to the family ecosystem depends upon the relationship between the adult and the child. If, for example, the parent's perceptions of elderly people are positive and realistic, then the system will remain open to the child and may affect the child's perceptions. The child may have a more positive and realistic perception of elderly people. If, on the other hand, parents hold negative attitudes concerning the elderly, the family may partially close its boundaries in the area of intergenerational reciprocities as well as in controlling and defining the parameters of the child's ecosystem. This may then allow for a more negative stereotype input.

Harris (1995) contends that while negotiating satisfactory relationships with parents and siblings is an important undertaking of early childhood, much of what is learned in the course of it may be of little use outside the home. She explains that outside the home, children may be judged more harshly or less harshly, and they must use different strategies to achieve their goals. According to group socialization, which Harris espouses, children learn how to behave outside the home by becoming members of a social group. In today's societies, socialization gets its start in nursery school or day-care centers, gathers momentum in the same-age, same-sex peer groups of school-age children, and approaches a peak in the

mixed-sex crowds of adolescence. It is within these groups, then, that the psychological characteristics with which a child is born become permanently modified by the environment. Two processes, assimilation and differentiation, are responsible for the modifications. Assimilation transmits cultural norms, smooths off rough edges of the personality, and makes children more like their peers. Differentiation exaggerates individual differences and increases variability. Which of these processes will dominate at a given moment depends on contextual variables that cause social categories to become more or less salient.

### **Development of Social Cognition**

Social cognition encompasses the relationships between people (e.g., authority, friendship) and the structure of these interpersonal relationships within groups. Knowledge about the social characteristics of the self and relationships between the self and others is also included. Social-cognitive content includes knowledge and inferences about the characteristics of people (e.g., traits), their behaviors (e.g., aggressive), and their motivations (e.g., frustration) (Shantz, 1983). Social cognitions may be about people in general (e.g., “Absence makes the heart grow fonder”) or be person specific (e.g., “Jane hates to be teased”). They may also include thoughts about the nature and use of social-cognitive knowledge itself (e.g., realizing the need to take another’s perspective) (Flavell, 1981).

From birth onward, the individual lives and develops in a social context that determines much of what may appear to be matters of choice. How the child is reared, what is eaten, the language spoken, and the nature of the child's interpersonal relationships are all reflected in a range of possibilities presented by the culture. Culture is an abstraction employed by anthropologists in an attempt to make sense of the relationship between individuals and the settings in which behaviors occur. According to Kluckhohn (1954), the existence of culture is inferred on the basis of the observed regularities in the behavior of specific individuals and from the multitude of cultural artifacts that derive from the behavior. Culture, in this sense, is defined in terms of its external, directly observable effects. Prohnasky (1965) suggested that in order to explain these effects or observed regularities of behavior, anthropologists must also assume the existence of an inner culture, the internalized representations of these behavior patterns in the form of norms, attitudes, beliefs, values, and needs.

A repertoire of manners, folkways, and mores is transmitted to children in the same way language and concepts are, namely by listening and watching others and by repetitive demonstrations through children's imitation and role learning (Bandura & Waters, 1963; Sears, Rau, and Alpert, 1965). This process is variously described in behavior theory as vicarious learning (Logan, Olmsted, Rosner, Schwartz, and Stevens, 1955), observational learning (Maccoby & Wilson, 1957; Bandura, 1977), and role taking (Sears, Maccoby, and Levin, 1957). Incidental

learning appears to be a result of active imitation by the child of attitudes and patterns of behavior that significant others have never directly attempted to teach. According to Bandura and Huston (1967), part of a child's behavior is believed to be acquired through the identification with important adults in the child's life. Harris (1995) points out, however, that though children in all societies do imitate their parents, they also imitate other people as well: older siblings, non-family adults and children, and characters they see on television.

During the socialization process, a child uses a range of situational cues, those that the parents may consider immediately relevant and proceed to teach the child and other cues of behavior which the child observes and learns even though instruction to do so has not occurred. These cues help to form conceptual formulations that are stored by the child. How much as well as the kinds of conceptual formulations usually depend upon the human and material resources made available to the child (Hill & Stafford, 1971). The human and material resources help to provide the social transmissions. Parents, siblings, and all others who regularly impinge on the child, present a variety of personal and cultural traits to which a child responds in different ways. Parents, siblings, others, and all informational inputs constitute what is often termed "significant others".

The model of a "significant other" acting upon a malleable and unformed child is an oversimplification. Yarrow (1960), in her analysis of children's attitudes and values, made some observations that can be applied to social



perception. “Couplings of parent practices and the behavioral outcomes are only in the vicinity of  $+0.25$  to  $+0.35$  correlations, attention to intervening conditions, among them the child’s attitudes and values may refine these relationships. What is experienced by the child? What is the nature of the cognitive framework in which he interprets the parent’s actions, the nature of the attitudes and values brought to play by the parent’s behavior?...The predictions or explanations of children’s behavior without regard to the intervening attitudinal or value states suffer many errors. Incorporating attitudes and behavior into explanatory schemes would seem to be a need elaboration in research design and theory, even though resulting formulations will be less tidy.” (Yarrow, 1960, p. 649)

Kephart (1961) in his comprehensive study raised an important issue related to how the researcher is to interpret the effects of a given parental action on a child. Is the important fact the action itself or the child’s perception of that action? As Hawkes (1957) states, “It is not sufficient or even realistic to assume that, because a mother fondles a child, the child sees this attention as a sign that his mother loves him. It is not the physical nature of the stimulus which determines reaction but rather the way in which that stimulus is interpreted by the individual stimulated. In each case this will be a highly individual interpretation.” (Hawkes, 1957, p. 47). Dubin and Dubin (1965) postulated that a child’s behaviors and attitudes do not necessarily relate to any particular aspect of the home or early environment. These

behaviors and attitudes seem, rather to be determined by the nature of the child and the child's interpretations of the totality of the experiences in which they occur.

Socialization from a child's point of view usually consists of being immersed in a continuing sequence of social contexts, family, school, play group, and community in which the child experiences people, objects, rewards, punishments, love, and threats. The child is influenced by people in various culturally determined contexts who are agents of culture. Attitudes, ideas, values, and perceptions are part of the milieu in which the child lives. At home, in the community, and at day care or nursery school, the child has many meaningful experiences. Out of these experiences, attitudes, ideals, values, and perceptions are acquired. These learnings take place at all ages, but they are more pronounced during childhood than during adolescence or adulthood (Garrison & Jones, 1969; Berndt & Berndt, 1975; Smith, 1978; Schultz, 1980). Many everyday experiences are important determinants of how the child reacts at different states of development. According to Allport (1935), attitudes arise out of one's experiences early in life and serve as a basis for the acquisition of later attitudes. The child's early experiences with people will largely determine later attitudes toward people and objects. By the time the child reaches school, some measure of favorable and/or unfavorable attitudes toward people and conditions has been acquired (Harter, 1988). According to Emmerlich, Goldman, and Shore (1971), as well as Sigel, Saltz, and Roskind (1967) and Emmerlich (1973), the child makes a

succession of social judgments of an individual in an ongoing sequence of behavior, often a person with whom the child has interacted before. Ability as well as disposition to recall past events may influence the meaning attributed by the child to the individual's behavior in the current situation. The child may form simple associations or find similarities between the person being judged, or with whom the interaction is occurring, and other friends or acquaintances which would provide added cues for making inferences about the person. Schantz (1975) suggested that the possible perceptual and conceptual processes involved in understanding others involve both the intuitive as well as logical abilities when making social judgments.

### **Person Perception**

Perceptions help to build concepts. As one perceives qualities, an image, a concept, a meaningful whole is organized, and the senses and feelings are objectified. This objectification provides feedback which serves as further stimulus for modifying percepts and concepts as well as in forming new ones. Associations are influenced by internal as well as external stimuli, and are reinforced at intellectual and intuitive levels. As interaction and integration occur, one begins to develop attitudes and values concerning that which is perceived (Gibson, 1969; Solley & Murphey, 1960; Baron-Cohen, 1994).

According to Shantz (1975) “person perception” is the phrase used by social psychologists in explaining the perceptual and conceptual process involved in understanding others. The earlier person perception studies by Gollin (1958), Signell (1966), and Scarlett, Press, and Crockett (1971) were based on Werner’s organismic theory. Werner postulated that all development is a process of transition from a global undifferentiated state to state of greater differentiation, specification, and hierarchical integration. The developmental shift is from egocentrism to perspectivism (Langer, 1970; Franklin, 1983).

A primary concern in person perception is the question of how a child describes or categorizes another person or the actions and what dispositions or traits the child attributes to another. According to Piaget (1952, 1970), throughout life beginning in early childhood, people and objects are classified, labeled, and thus categorized. Concerning categorization, Allport (1954, p.20) states: “The human mind must think with the aid of categories. Once formed, categories are the basis for normal prejudgment. We cannot avoid the process. Orderly living depends upon it. It is in this process that attitudes are learned and thus formed.” If, therefore, the social development of children is cognitively based, then any description of social responses necessarily entails some cognitive dimensions.

The data in studies concerning how children describe other people are divided into two large categories. One such category is labeled “overt” descriptions, which includes aspects of physical appearance, possessions, and

family memberships. The other category is labeled “covert” descriptions, which deals with other persons’ abilities, attitudes, and personality traits. Livesley and Bromley (1973) found in their study of person perception among 320 young people aged seven to fifteen that the number and proportion of psychological descriptions increased significantly with age. The greatest increase in differentiation was observed between the ages of seven to eight years. The seven-year-olds tended to focus on overt qualities like physical appearance and material possessions. Older children used more inferential concepts such as values, beliefs, and disposition. It was found that seven-year-olds used an average of five different traits in their descriptions, and the number doubled for the eight-year-olds. Adjectives used by seven-year-olds tended to be vague and diffused. They also showed a strong evaluative component, e.g., bad, nice, good, horrible.

Peevers and Secord (1973) found the same trends in their sample of eighty subjects from kindergarten to college. Another interesting trend was that liked peers elicited other-oriented descriptions (no personal involvement), while disliked peers elicited more egocentric statements (e.g., “he hits me”). Studies have shown that as the ages of the subjects increased, both the number of categories and the use of covert categories increased in describing people they actually knew (Gollin, 1958; Scarlett et. al., 1971; Yarrow & Campbell, 1963; Rosenberg, 1979). This tendency for young children to use appearance and possessions to describe others may reflect the tendency to distinguish this individual from other people.

Dickman (1963) and Flapan (1968) conducted studies involving children and films of people who they did not know. This was carried out to determine how children discriminate, categorize, infer, and explain behavior observed and how they characterize the people. As before, the younger children reported overt characteristics. The older children increasingly attempted to explain and characterize the people by inferring thoughts, feelings, and intentions of the actors. Explanations also shifted from situational factors to psychological factors with increased ages. Overall, the greatest changes of all kinds occurred between the ages of six and nine years. The implications from this study in understanding both person perception and role taking such as observational learning in children is especially important when considering the effects of mass media, such as television programs and advertising.

According to Solley and Murphy (1960), perceptual development is complex, and it appears impossible to interpret perceptual changes in terms of maturation alone, or in terms of learning alone. The most general principle found is that perceptual learning is dependent upon the level of maturation achieved by the child and, conversely, the full achievement of maturation can be facilitated or inhibited by the occurrence or nonoccurrence of specific learning experiences. “We see ‘things’ the way we do as adults largely as a resultant of the interaction of nature and nurture within the context of our culture” (Solley & Murphy, 1960, p. 145).

### **Interrelationships of Person Perception and Cognitive Abilities**

Theorists such as Piaget and Erickson suggest that a child who is advanced in understanding what others see is also advanced in comprehending another's thoughts. For instance, at around the age of three years, the child's learning is intrusive and vigorous according to Erickson (1950). The child explores the world and learns more about self as well as roles in the family structure. At this time, the child also begins to develop and become interested in individuals outside the immediate home, although he may display a fear and distrust of strangers.

At around the age of four years, egocentrism tends to be replaced by increased social interaction, and the child develops a more sociocentric conception of conditions and objects of the world. "Children now also attach themselves to teachers and the parents of other children, and they want to watch and imitate people representing occupations which they can grasp, such as firemen, policemen, gardeners, garbage men, etc." (Erickson, 1968, p. 122). A significant widening radius of people is influencing the individual. This begins with the mother and extends outward to the larger community. Significant feelings and attitudes are also shown, beginning with a sense of trust in parents leading to a sense of integrity in adulthood. Anderson (1961) suggested that what is demanded by significant people is considered valuable by the child, and what the "significant others" reject is considered bad. The significant people with their pressures, attitudes, demands, and feelings bestow the structure and content.

A child from about four to seven years of age is dominated by the assessment of perceptual cues, and much of the child's language and thought depends upon intuition and trial and error. The child often arrives at conclusions from single cases. According to Klausmeier and Goodwin (1966 p. 233), "preconcepts that are formed are ridden, imaginative and concrete, rather than schematic and abstract." The young child attends to highly observable, salient, surface cues of people and situations. For instance, the child will often use appearance and possessions of a person to describe and characterize people (Livesley & Bromley, 1973; Montemayor & Eisen, 1977). Likewise, the tendency is to center attention on a single aspect of "external" stimuli, and attention is focused on the ideas and feelings important to the child (Schantz, 1975).

### **The Effects of Age on the Child's Perceptions of Adults**

Research findings indicate that age is a significant determinant of degree of realism of perceptions and degree of subtlety of cues children use in their perceptions. Mott (1954) demonstrated that among four- and five-year-olds, the older more frequently than the younger knew their mother had a first name or that mother was also Mrs. \_\_\_\_\_. Emmerlich (1959, 1973) concluded that six- to ten-year-olds ascribed power as a characterizing distinction between sex roles more than children four to five years old. Hess and Torney (1962) found that with increasing age, children's perceptions of adults became more realistic, i.e.



corresponded more accurately with objective characteristics of persons they knew. Maccoby (1980) found that older children were more likely to accurately infer other people's reaction to themselves. By middle childhood, children also become able to use social comparison to evaluate their own behavior (Ruble, 1983).

Dubin and Dubin (1965) postulated that there is a developmental sequence in the formation of perception. First, there is the perception of actual behaviors by perceptions of functioning characteristics of role. Later, this is followed by a perception of social role as patterned behavior describing a group of people fulfilling a broad social function. Piaget (1970) also contended that development proceeds in a stage-like sequence and involves the transformations of cognitive structures which result from an individual's interaction with his environment.

Piaget's extensive research in developmental psychology suggested two ways in which the description and evaluation of other persons might vary with age. He demonstrated that younger children have an egocentric view of the world, i.e. people and things are seen in the child's own highly subjective framework. With increasing age, the child develops reciprocity, or the ability to see the other person's point of view (Piaget, 1970).

Peevers and Secord (1973) hypothesized that the use of simple differentiating items and the high level of egocentricity among kindergarten children may well be a necessary stage in getting to know a person. What first emerges in the establishment of relationships in terms of feelings are feelings that

are highly egocentric and have little cognitive content. Later, these broad, global impressions and feelings are sharpened and more differentiated person perceptual concepts develop. The fundamental issue in children's perceptions versus adults' perceptions may be between a description of a person and an explanation of why a person is what he appears to be. These two approaches may be necessary for an accurate interpretation of a person, and one view may be incomplete without the other (Peevers & Secord, 1973; Rosenberg, 1970).

### **Attitudes toward Older People**

Attitudes will be defined as "the amount of affect for or against something...or a person's favorable or unfavorable evaluation of an object"(Fishbein and Ajzen, 1975). Researchers studying attitudes and intergenerational issues have related the development of negative attitudes regarding older people to the artificial age segregation that currently exists in our culture (Carstensen, Mason, & Caldwell, 1982; Murphy-Russell, Die, & Walker, 1986; Seefeldt, 1987). Studies examining younger people's attitudes regarding older people, however, have resulted in contradictory findings (Crockett & Hummert, 1987; Lutsky, 1981).

#### *Negative Attitude Findings*

A significant number of attitude investigations have found that individuals of different ages hold mixed to negative attitudes toward older people (Bennett &

Eckman; Burke, 1982; Caspi, 1984; Hummert, 1990; Seefeldt, 1987; Seefeldt. Jantz, Galper, & Serock, 1977). Negative attitudes toward older people have been found in the media (Atchley, 1988) and among nursing students (Campbell, 1971), medical doctors (Lieff, 1982), college students (Levin, 1988; Naus, 1973), adolescents (Doka, 1986), and adults (Locke-Connor & Walsh, 1980; Isaacs & Bearison, 1986; Page, Olivas, Driver, & Driver, 1981). The seminal research on younger people's attitudes toward older people was conducted by Hickey et. al. (1968). In this study, 208 third grade students from 4 schools varying in socioeconomic status wrote a short paper describing an "old person like your grandparents". The researchers found that children as young as 8 years old held primarily negative attitudes toward older persons. Page et. al. (1981) interviewed 144 children about their attitudes toward older people and the aging process. The authors found that younger people characterized older people based on their physical characteristics (e.g. wrinkles, false teeth, grey hair), and that three-quarters of the young people expressed negative feelings about their own aging. Seefeldt et. al. (1977) elicited children's attitudes toward older people by using pencil drawings of people at different ages. The authors found that a majority of the younger people held negative attitudes toward their own aging. Crockett and Hummert (1987) reviewed the literature examining different age groups' attitudes toward older people and found that individuals hold a variety of negative, positive, and mixed attitudes regarding older people. Older people, however, were consistently viewed

more negatively when compared to younger people, and negatively biased beliefs about old age still outnumbered positive ones.

*Mixed to Positive Attitude Findings*

The widely reported finding that individuals from different age groups hold negative attitudes toward older people has been challenged in reviews of the attitude literature (Crockett & Hummert, 1987; Greene, 1981; Kogan, 1979; Lutsky, 1981). Similarly, several investigations have concluded that younger persons actually hold mixed to positive attitudes toward older people (Braithwaite, 1986; Burke, 1982; Fillmer, 1984; Harris, Page, & Begay, 1988; Kite & Johnson, 1988; Marks, Newman, & Onawola, 1985).

Crockett and Hummert (1987) and Lutsky (1981) reviewed the literature examining different age groups' attitudes toward older people and found that individuals hold a variety of negative, positive, and mixed attitudes regarding older people. Crockett and Hummert concluded that the overall ratings of older people in the majority of studies were actually slightly positive. Older people, however, were consistently viewed more negatively when compared with younger people, and negatively biased beliefs about old age still outnumbered positive ones.

Kite and Johnson (1988) conducted a meta-analysis of the literature and found an overall negative bias toward older people, but only when they were compared with younger people. The authors maintained that negative attitudes toward old people may be a function of poorly worded instruments which cue

subjects to evaluate older people based on their physical appearance and competence rather than on their personality traits.

The disparity in findings in the attitude literature reflects a lack of methodological rigor and conceptual clarity. First, wide variability exists in the way the attitude construct is operationalized and measured (Crockett & Hummert, 1987; Lutsky, 1981; Slotterback & Saarnio, 1996). The attitude construct has been used interchangeably with such terms as “perceptions” (Aday, Sims, & Evans, 1991; Carstensen, Mason, & Caldwell, 1982), “awareness”, “intentions”, and “beliefs” (Allred & Dobson, 1987), “stereotype” and “ageism” (Butler, 1969), and “prosocial behaviors” (Lambert, Dellman-Jenkins, & Fruit, 1990). Secondly, there is wide variation in the ways in which older persons are characterized in the various attitude inventories (Slotterback & Saarnio, 1996). For example, some studies have used photographs of unfamiliar older men and women. Other studies have younger people rate only female older people. Third, a positive or negative attitude evaluation of older persons often depends on whether or not they are being compared with younger persons on specific traits (Brubaker & Powers, 1976; Crockett & Hummert, 1987; Green, 1981). Finally, several studies have utilized measures whose psychometric properties have not been thoroughly tested.

## **Knowledge about Older Adults**

The information model focuses on the information available to members of one group about the other group (Brislin, 1986; Triandis, 1975). The main assumption of this model is that ignorance and lack of information comprise the basis for the development of prejudice, stereotypes, and consequent tension between groups. Members of one group, therefore, must understand the cultural characteristics of the other group before being able to understand and positively evaluate individual members of this group. Stephan and Stephan (1984) found that contact between Anglo and Chicano students, along with acquisition of new information about the Chicano culture, led to more positive attitudes toward Chicano classmates. Gardiner (1972) found that learning about the outgroup can improve intergroup attitudes and stereotypes.

Factual information provided about ingroups is more extensively recalled than similar information about outgroups (Park & Rothbart, 1982). The reason is that people tend to encode information about ingroups using specific, highly differentiated categories, whereas they encode outgroup information using global categories. This finding is consistent with studies of eyewitness identification showing that blacks and whites have more difficulty identifying outgroup members they have previously seen than they do identifying ingroup members (Brigham & Malpass, 1985). Distinctive pairings of groups with traits may also be highly memorable (Hamilton, Dugan, & Trolie, 1985). Rothbart et. al. (1978) found that

when a distinctive outgroup engages in negative behavior, this association is likely to be recalled as having occurred frequently. For instance, it has been found that the frequency with which negative behaviors are presented as having been performed by a minority group is overestimated (Hamilton & Gifford, 1976; McArthur & Friedman, 1980). Evaluations of the distinctive group in the Hamilton and Gifford (1976) study were found to be correspondingly negative. Such overestimates can impede changes in stereotypes and attitudes to the extent that outgroup members engage in negative behaviors. They can, however, facilitate changes in stereotypes and attitudes if distinctive outgroup members engage in highly positive behaviors.

There is a paucity of information in the literature regarding children's knowledge of older adults. Holtzman and Beck (1979) report that more knowledge about aging is associated with more positive attitudes toward the aged. Palmore (1980) found that those people with higher educational levels had greater knowledge about older adults. He also found that with increasing age, people had greater knowledge about older adults.

### **Views of Aging**

Satore (1976) maintains that aging is not a topic which is discussed in most classrooms. Frymier (1979) surveyed elementary schools and found almost three-quarters of them provided insufficient education about the aging process. Hickey

et. al. (1968) found that children as young as eight years have already formed concepts about what old age is.

Children as young as three years have been found to internalize negative attitudes regarding the aging process (Hickey et. al., 1968; Kastenbaum & Durkee, 1964; Seefeldt, 1987; Treybig, 1974). Page et. al. (1981) interviewed 144 children about their attitudes toward older people and the aging process, and found that over two-thirds of the children expressed negative feelings about their own aging. Seefeldt et. al. (1977) found that by the third and fourth grade, a majority of the young people he investigated were able to comprehend the concept of “old”, and they held negative attitudes toward their own aging and older people. Marks et. al. (1985) investigated 256 culturally diverse children and found that though the children displayed positive attitudes toward older people, they held negative views of the aging process. Newman et. al. (1997) investigated children’s views of aging in fifth-grade students and found that they seemed to understand the complexity of the aging process and the feelings that accompany the unpleasant conditions associated with aging. The children in this study did not view the aging process as negative, however, when they were asked how it would feel to be old, almost half of them expressed negative impressions of some conditions they related to being old. McTavish (1971) argues that children fear growing old because of their misconception that aging is bad. Neugarten (1976) maintains that negative views



of aging trigger a variety of concerns including a fear of one's own aging and an increased tendency to avoid interactions with older persons.

Beliefs about aging have been found to play an important role in determining the extent of memory loss experienced by older people (Levy & Langer, 1994). These negative beliefs have also been found to influence the organization and recall of information in older people (Davidson, Cameron, & Jergovic, 1995). Levy and Langer suggest that negative views about memory loss in the aged can influence an individual's cognitions and lead to a self-fulfilling prophecy (Ryan, 1992). Previous studies (Langer, Perlmutter, Chanowitz, & Rubin, 1988; Rodin & Langer, 1980) suggest that early exposure to negative concepts and images in literature and the media regarding older people can influence an individual's eventual level of activity and alertness in old age. The potential consequences of negative views of aging can, therefore, have deleterious effects on the physical and psychological welfare of older people.

## **Empathy**

The concept of empathy means different things to different people. The central issue in the conceptual debate about empathy has been the extent to which empathy encompasses an affective, as well as a cognitive component. Some researchers (Borke, 1973; Buckley, Siegel, & Ness, 1979) have defined empathy as the cognitive ability to recognize and understand the thoughts, perspectives, and

feelings of another individual. Other researchers (Batson & Coke, 1981; Feshbach, 1978; Hoffman, 1982; Mehrabian & Epstein, 1972) have defined empathy as the vicarious experiencing of an emotion that is congruent with, but not necessarily identical to, the emotion of another individual. Feshbach (1978) developed a three-component model in which an empathic response requires (1) the ability to discriminate and identify the emotional states of another, (2) the capacity to take the perspective or role of the other, and (3) the evocation of a shared affective response.

Since the sharing of another's emotion can result from either direct contact with the affective cues transmitted by the other or from one's knowledge of another's state, the role of cognition in one's empathic arousal is expected to vary considerably from situation to situation. Hoffman (1981) attempts to explain how cognitive and affective factors play changing and interactive roles in the child's social and moral development. According to Hoffman, the child's emerging capacity to understand the distinction between self and other and the growing awareness that other individuals have internal states and feelings independent from one's own lay the foundation for higher levels of empathic responding.

The circumstances that will elicit empathic emotional arousal are believed to change and broaden with the child's increasing experiences and cognitive growth. Freeman (1984) found in a study of preschoolers that those who scored high on affective dimensions of empathy also scored high on cognitive dimensions

or empathy. This would support the theoretical statements of both Feshbach and Hoffman. For the present study, empathy will be defined as a vicarious emotional response to the perceived emotional experiences of others (Bryant, 1982).

Another issue with regard to empathy is how to distinguish between empathy and sympathy. Sympathy may be defined as “feeling for” someone, and it often involves feelings of concern, although the conscious cognitive realization that one is concerned about another’s welfare is an outcome rather than a part of sympathizing (Wispe, 1986). Often sympathy is the consequence of empathizing, although it may be possible for sympathy to result from processes such as cognitive perspective taking. Whether or not empathy always mediates sympathy is not known. To contrast this view, Goldstein and Michaels (1985) have stated that “the sympathizer, in contrast to the empathizer, is more preoccupied with his/her own feelings in response to the other and thus is less able to respond to, for, or with the other in a manner sensitive to the other person’s actual ongoing emotional world and context”. In this view, sympathy would involve heightened attention to one’s own feelings and the assumed similarity between one’s own and another’s feelings.

#### *Development of Empathy*

As Hoffman’s (1982) theory suggests, there does seem to be some developmental consistency among children, at least early on, in their emotional sensitivity and responsiveness to the needs of others. For example, whereas 1-year-old children often respond to another’s distress by orienting to the other,

showing distress, and perhaps seeking out their own caretaker, the 2-year-old is much more likely to attempt to intervene effectively on behalf of the victim (Radke-Yarrow & Zahn-Waxler, 1984). Older children have been found to be more likely than their younger counterparts to respond to abstract kinds of distress and subtle cues from others (Radke-Yarrow, Zahn-Waxler, & Chapman, 1983). Adams et. al. (1993) found a clear developmental progression in preschool children's ability to correctly identify other people's feelings. In addition, they found that girls were more efficient in identifying others' emotions than boys at three years of age, but by age five, boys scored higher on the empathy measure. Zahn-Waxler & Radke-Yarrow (1982) have reported stable and patterned individual differences in empathic responses among 1- and 2-year-olds as well as individual continuity to age 7 in the child's intensity, complexity, and mode of response to others' emotions. About two-thirds of the children were reported to show a pattern of responding at 7 years of age that was similar to the pattern displayed at 2 years of age.

During the first week of life, infants have been found to show distress and cry in response to the sound of another infant's cry (Martin & Clark, 1982). Interestingly, no such response was made to a computer-simulated sound of equal intensity. Hoffman (1977) suggests that this affective orientation to other infants may represent a "constitutionally based, early precursor of empathy". This may too suggest that humans have an inherent capacity to respond to obvious distress cues

in others (Barnett, 1987). Early socialization experiences may influence whether this capacity is suppressed or flourishes during childhood.

One suspected early antecedent of empathy concerns the intense affective relationship between the caretaker and the infant. Mussen & Eisenberg-Berg (1977) concluded that strong early attachment appears to be a major antecedent of early interest in others and the latter may be a necessary precondition for the development of empathy. Waters et. al (1979) found that children who had a more secure attachment to their mothers at 15 months of age were rated as more responsive to peers' distress in preschool at 3 \_ years of age than were children who had been identified as having an anxious attachment to their mothers. There are undoubtedly numerous factors that influence the extent to which a particular child is securely attached to his/her parents. Some of these factors, such as the degree of parental responsiveness to the child's cry and other distress expressions, may have a predominate affective component and be highly relevant to the development of empathy (Barnett, 1987).

A common ingredient in a secure early attachment is an abundance of love and nurturance. Not surprisingly, it has been suggested that parental affection, by satisfying the child's own emotional needs, also plays an important role in the development of empathy (Hoffman, 1982). In a study by Barnett et. al. (1980) it was found that highly empathic undergraduates characterized their parents as

having been more affectionate with them during childhood than did relatively less empathic undergraduates.

There is evidence that modeling and identification processes are major determinants of the acquisition, expression, and developments of prosocial behaviors in children. The availability of empathic models, therefore, may play an important role in the development of empathy (Barnett, 1987). Zahn-Waxler et. al. (1979) found that children of mothers who displayed empathic handling of their toddlers' needs and distress were more emotionally responsive and helpful to persons in distress than were children of less empathic mothers. Although parents are especially important models in their child's social emotional development, the child's inclination to empathize may also be enhance by exposure to and interaction with other sensitive and caring models, such as a teacher, sibling, or playmate. In addition to the potential influences of various "live" models, children have been found to emulate television characters who display prosocial actions such as offering sympathy and assistance to needy others (Rushton, 1981).

Children who are encouraged to feel good about themselves may be more inclined to empathize with others than children who are preoccupied with personal inadequacies and other concerns about the self. Strayer (1980) found empathy in 6-year-old children to be associated with a positive self-concept. Strayer (1980) found that children who ranked high on displays of happy emotions (possibly reflecting self-contentment) were also ranked high on empathic behavior toward

peers. In contrast, children who were ranked high on displays of sad emotions were ranked low on empathy toward peers.

### *Empathy and Attitudes*

Empathy has been found to be positively related to prosocial behavior and negatively related to aggression (Eisenberg & Fabes, 1990). Batson (1997) found that empathy for a stigmatized outgroup member can improve attitudes toward the whole outgroup. A positive relationship has been documented between empathy and acceptance of individual differences (Bryant, 1982). The more empathic the individual, the more likely will be the sharing of feelings with a wide range of individuals and, thereby, the more accepting of individuals in general, including individuals from groups that are subject to generally negative evaluations.

Empathy has been found to increase valuing the welfare of the person for who empathy is felt and, moreover, this valuing has been found to endure after the resultant empathic feelings are gone (Batson, Turk, Shaw, & Klein, 1995). Schwalbach and Kiernan (2002) found that as empathy increased in children who were participants in an intergenerational program, the children's attitudes toward the older people in the program became more positive. Bagshaw and Adams (1985) studied empathy of nursing home nurses and their attitudes toward their elderly residents. She found that higher levels of empathy among the nurses correlated positively with more positive attitudes toward the elderly residents.

## **Summary**

This chapter has provided an overview of the literature regarding the development of children's attitudes toward others; more specifically, the development of children's attitudes toward older adults. The chapter began with a general discussion of the socialization process as it applies to the development of attitudes in children. It then moved through the development of person perception and related topics. A review of the literature regarding the major variables to be investigated in the present study (i.e. attitudes toward older adults, knowledge about older adults, views of aging, and empathy) was also presented.



### **Chapter III: Procedures and Methodology**

This chapter will provide specific details about the procedures followed in the present study. The research design of the study is described, and a description of the study sample is provided.

#### **Provision of Rights of Human Subjects**

The proposal was reviewed and approved by the Departmental Review Committee of the Department of Kinesiology and Health Education and by the Institutional Review Board of The University of Texas at Austin in April 2001. Approval by these two committees indicates that this study meets the basic requirements for respect of the rights of human subjects.

#### **Research Design**

This study is a cross-sectional study which utilized a pre-experimental one-shot case study, incorporating a convenience sample of 185 school children aged 10-11 years. The dependent variable is children's attitudes toward older adults. The major independent variables include: knowledge of older adults, views of aging, and empathy. Measures of these variables were obtained from self-report questionnaires from the children.

## **Procedure**

A convenience sample consisting of 31 male and female students aged 10-11 years was obtained from two private schools in the Austin area in October, 2001, for the pilot study. The sample used in the pilot study consisted of the first 31 children to volunteer for participation in the study and to have returned completed parent/guardian consent and student assent forms. Mean age across all participants was 10.45 years. 14 participants (45%) were males, and 17 (55%) were female. 21 participants (68%) were Non-Hispanic White, 7 (23%) were Hispanic, and 3 (9%) categorized themselves as Other. From the pilot study, measures were found to have acceptable reliability. The Facts on Aging Quiz was found to have an acceptable coefficient alpha after deleting 3 items. These items were reworded to decrease ambiguity. The empathy measure was piloted in October, 2002, and was found to have an acceptable coefficient alpha. The present study was conducted with a convenience sample of 185 male and female students in November, 2002, at three private schools and one public school in Austin, Texas, and at one public school in Premont, Texas. Two-hundred-sixty consent forms were given out, and 185 were returned, yielding a participation rate of 71%.

Schools that had given the researcher written permission to perform the study were visited by the researcher, and a short description of the study was presented to the students in their classes. Upon volunteering for the study, students were given parent/guardian consent forms and student assent forms to take home

for signatures. The researcher was contacted by the schools once the forms had been turned in.

Upon receiving the signed consent and assent forms, the researcher scheduled class time to administer the questionnaires to the students. Pens were provided for the participants. The total time required for completion of the questionnaires was 45 minutes. The researcher read the questions on the questionnaires to the students while they read along and wrote their responses.

### **Description of the Sample**

The present study sample consisted of 185 male and female students, aged 10-11 years. Mean age across all participants was 10.45 years. 60 participants (32.4%) were male, and 125 (67.6%) were female. 140 participants (75.7%) were Non-Hispanic White and 45 (24.3%) were Hispanic.

### **Instrumentation**

#### **Background Questionnaire**

The Background Questionnaire (Appendix A) consists of 14 questions. Four questions regard grade level, age, sex, and ethnic heritage. Four questions regard how many grandmothers and grandfathers the student has met in his/her life. The students are then asked to list up to 3 grandmothers and grandfathers who are now living. For each grandmother and grandfather, the students were asked to

provide the city and state of residence so that distance in miles from the student could be calculated. Students were asked to indicate frequency of contact and enjoyment of time spent with each grandparent listed. They were asked if they had ever lived in the same house with a person 65 years of age or older, as well as how they felt about someday being 65 or older. Three questions regard subjects' perceptions of their parents' and peers' attitudes toward older people and their perceptions of television portrayal of older people.

#### Facts on Aging Quiz

The Facts on Aging Quiz (FAQ) (Palmore, 1977) (Appendix B), the knowledge measure, consists of 25 true-false statements about older people. For the pilot study, statements were changed to be appropriate for the age group while still maintaining the original intent of the statement. Three of the original statements were not used due to ambiguity, for a total of 22 statements. The original True-False format was changed to a 4-point Likert scale (Strongly agree, Agree, Disagree, and Strongly disagree). This measure yielded a composite score ranging from 22 to 88, with higher scores indicating greater levels of knowledge. Coefficient alpha was found to be .69 on the pilot study and .74 on the present study.

#### Children's Views of Aging

The Children's Views of Aging, Section I (Appendix C) was used to measure children's views of aging. It consists of 8 questions which ask the child to

an open-ended question about what it is like to be old and about the aging process. The open-ended question is then followed by a closed-ended question which asks the child to evaluate the response to the open-ended question. The CVOA (Section I) instrument yields a composite score ranging from 6 to 18, with higher scores indicating more positive views of aging. Coefficient alpha was found to be .60 in the pilot study and .80 in the present study.

The Children's Views of Aging (CVOA) (Marks, 1980; Newman, 1997) instrument, Sections I (Appendix C) and III (Appendix D), consists of items containing open-ended and close-ended questions and semantic differential scales. Concurrent validity of the semantic differential was determined previously by correlation with Pearson's semantic differential, and it was found to be .64. The test-retest reliability coefficient of the semantic differential was .70. The coefficient alpha (internal consistency) of the semantic differential was .81. The qualitative portion of the CVOA was previously validated by comparing responses to the questions with responses to corresponding questions on the semantic differential. The responses to these two portions were found to be consistent.

#### Children's Attitudes toward Older Adults

The Children's Views of Aging, Section III (Appendix D) was used to measure children's attitudes toward older people. It consists of an 11-item semantic differential scale containing 11 bipolar sets of adjectives that could describe people of any age. Children respond to these 11 sets of adjectives on a

five-point scale with responses reflecting their perceptions, ranging from positive to negative, using Very, A Little, or Not Sure as descriptors. On a five-point scale with the polar pair, good-bad, a child would respond Good- Very, A Little, or Not Sure (positive) or Bad- Very, A Little, or Not Sure (negative). The CVOA (Section III) instrument yields a composite score ranging from 11 to 55, with higher scores indicating more positive attitudes. Coefficient alpha was found to be .74 in the pilot study and .85 in the present study.

### Empathy

The Index of Empathy for Children and Adolescents (Bryant, 1982) (Appendix E) was used to measure children's empathy. In developing this index, coefficient alpha was found to range from .68 to .79, depending upon the age of the subjects. Test-retest reliability was found to range from .74 to .83, again depending upon age of the subjects. Convergent validity was established by correlating the measure with the Feshbach and Roe (1968) measure of empathy as well as the Mehrabian and Espstein (1972) adult measure of empathy. Discriminant validity was established by correlating empathy scores with reading achievement scores from school records. This measure consists of 22 statements to which the child responds on a five-point Likert scale, ranging from Strongly Agree to Strongly Disagree. The responses were scored so that higher scores reflect greater empathy. The scores on this index range from 22 to 110. Coefficient alpha was found to be .65 in the pilot study and .71 in the present study.

## **Summary**

This chapter has provided the specifics of conducting the pilot study and the present study. A description of the pilot study and present study samples was presented. The pilot study was performed to assess psychometric soundness of the instruments employed by the study. A detailed description of the instruments used in the study was provided.

## **Chapter IV: Results**

There are five sections in this chapter. The first section presents results of the preliminary analyses regarding reliability of the measures used. It also presents means and standard deviations for all key variables to provide a broad overview of the data. The second section presents the background analysis based upon the Background Questionnaire. The third section presents the results of hypothesis testing and testing of intercorrelations among independent variables (multicollinearity).. The fourth section provides the results of the exploratory analyses. The fifth section presents the results of the qualitative analysis of the open-ended questions contained on the Children's Views of Aging, Section I measure.

### **Preliminary Analyses**

Analyses were performed prior to investigating the major questions. After preparing the data for analysis, reliability coefficients were computed for the measures used in the study. Data were analyzed with SPSS version 10.0.

Mean scores for the measures were computed to provide an initial broad overview of the data. Table 1 presents the means, standard deviations, and possible ranges for each of the major variables. The measures' names represented in the table respectively are Attitude (Children's Views of Aging semantic differential,



Section III), Views of Aging (Children's Views of Aging, Section I), Empathy (Index of Empathy for Children and Adolescents), and Knowledge (Facts on Aging Quiz). The measures used were:

*Children's Views of Aging semantic differential, Section III* (Attitudes).

This instrument was used to assess subjects' attitudes toward older people. The possible range of scores on the measure is 11 to 55, with higher scores indicating more positive attitudes toward older people. The mean score was 45.05, which indicates the subjects had fairly positive attitudes toward older people.

*Children's Views of Aging, Section I* (Views of Aging). This instrument was used to assess subjects' views of aging. The possible range of scores is 6 to 18, with higher scores indicating more positive views of aging. The mean score was 12.81, indicating the subjects had views of aging midway between positive and negative.

*Index of Empathy for Children and Adolescents* (Empathy) This measure was used to assess subjects' empathy. The possible range of scores is 22-110. The mean score was 76.73, indicating subjects were moderately empathic.

*Facts on Aging Quiz* (Knowledge). This instrument was used to assess knowledge with higher scores indicating greater knowledge about older adults. The mean score was 48.81, indicating the subjects had moderate knowledge about older people.

**Table 1: Ranges, Mean Scores, and Standard Deviations For Measures Used**

Measure	Possible Range	Mean	Standard Deviation
Attitude	11-55	45.05	6.44
Views of Aging	6-18	12.81	2.67
Empathy	22-110	76.73	8.15
Knowledge	22-88	48.81	5.78

### **Background Analysis**

The mean number of grandmothers the subjects had known in their lifetime was 2.32 (SD=.66). The mean number of grandfathers the subjects had known in their lifetime was 1.84 (SD=1.0). Subjects were asked to indicate how far away their grandparents lived from them. They were asked to respond only for living grandparents, and they were limited to 3 grandmothers and 3 grandfathers. Only grandmothers/grandfathers 1 and 2 are reported here. 43.2% of subjects lived within 20 miles of grandmother 1 (median distance=78 miles, range 20-1223), and 32.4% lived within 20 miles of grandmother 2 (median distance=312 miles, range 20-1593). 29.7% of subjects lived within 20 miles of grandfather 1 (median distance = 286, range 20-7459), and 18.3% lived within 20 miles of grandfather 2 (median distance=356, range 20-1593). Median frequency of contact with grandmother 1 was not more than once a month, and median frequency of contact with grandmother 2 was not more than 4 times a year. Median frequency of contact with grandfather 1 was not more than 4 times a year, and median frequency

of contact with grandfather 2 was not more than 2 times a year. Twenty-seven percent of subjects indicated they had lived in the same house with a person 65 years old or older. Thirty-six percent of subjects had participated in a school project involving older people.

Subjects were asked to indicate their enjoyment of time spent with their grandparents. Their responses are with regard to grandmother/grandfather 1 and 2. Responding to the question of enjoyment of time spent with grandmother 1, 78.4% of subjects responded “yes”, 18.9% responded “not sure”, and 2.7% responded “no”. With regard to grandmother 2, 67.6% responded “yes”, 26.9% responded “not sure”, and 5.4% responded “no”. For grandfather 1, 73% of subjects responded “yes”, 18.1% responded “not sure”, and 8.1% responded “no”. For grandfather 2, 64.5% of subjects responded “yes”, 24.8% responded “not sure”, and 10.6% responded “no”.

Subjects were asked how they felt about someday being age 65 and older. 37.8% indicated they felt “good”, 48.6% indicated they were “not sure”, and 13.5% indicated they felt “bad”.

### **Hypothesis Testing**

Table 2 contains a summary of hypotheses and exploratory questions along with testing procedures used.

**Table 2: Summary of Data Analysis Procedures**

<b>Hypotheses</b>	<b>Variables</b>	<b>Data Analysis Techniques</b>
Hypothesis 1	IV: Participation DV: Attitudes	t-test
Hypothesis 2.1	Empathy, attitudes	Partial correlation
Hypothesis 2.2	Knowledge, attitudes	Partial correlation
Hypothesis 2.3	Views of aging, attitudes	Partial correlation
Hypothesis 3.1	IV: Gender DV: Empathy	t-test
Hypothesis 3.2	IV: Gender DV: Views of aging	t-test
Hypothesis 3.3	IV: Gender DV: Attitudes	ANCOVA
Hypothesis 4.1	IV: Ethnicity DV: Knowledge	t-test
Hypothesis 4.2	IV: Ethnicity DV: Views of aging	t-test
Hypothesis 4.3	IV: Ethnicity DV: Attitudes	ANCOVA
Hypothesis 5.1	Parental attitudes Children's attitudes	Partial correlation
Hypothesis 5.2	Peer attitudes Children's attitudes	Partial correlation
Hypothesis 5.3	Television portrayal Children's attitudes	Partial correlation
Hypothesis 6	IV's: Participation, empathy, knowledge, views of aging DV: Attitudes	Hierarchical regression
<b>Exploratory Questions</b>		
Question 1	IV: Gender DV: Knowledge	t-test
Question 2	IV: Ethnicity DV: Empathy	t-test

**Hypothesis 1**

Hypothesis 1 predicted that subjects who reported participation in a school project involving older people would score higher on the measure of attitudes toward older people than subjects who reported no participation in a school project

involving older people. A t-test was performed. This hypothesis was supported [ $t(183) = 2.88, p = .00$ ]. Subjects who reported participation in a school project involving older people scored higher on the measure of attitudes toward older people than subjects who reported no participation in a school project involving older people. Since a difference was found between subjects reporting participation and subjects reporting no participation, further analyses involving attitudes controlled for participation.

#### Hypothesis 2.1

Hypothesis 2.1 predicted that a positive correlation would exist between children's empathy and attitudes toward older people. A partial correlation was calculated to control for participation in a school project involving older people. This hypothesis was supported [ $r(182) = .17, p = .024$ ].

#### Hypothesis 2.2

Hypothesis 2.2 predicted that a positive correlation would exist between children's knowledge of older adults and children's attitudes toward older adults. A partial correlation was calculated to control for participation in a school project involving older adults. This hypothesis was supported [ $r(182) = .60, p = .00$ ].

#### Hypothesis 2.3

Hypothesis 2.3 predicted that a positive correlation would exist between children's views of aging and children's attitudes toward older adults. A partial

correlation was calculated to control for participation in a school project involving older people. This hypothesis was supported [ $r(182) = .59, p = .00$ ].

#### *Hypothesis 3.1*

Hypothesis 3.1 predicted that gender differences would exist for children's empathy. A t-test was performed. This hypothesis was not supported.

#### *Hypothesis 3.2*

Hypothesis 3.2 predicted that gender differences would exist for children's views of aging. A t-test was performed. This hypothesis was not supported.

#### *Hypothesis 3.3*

This hypothesis predicted that gender differences would exist for children's attitudes toward older adults. ANCOVA was used to control for participation in a school project involving older people. No gender differences were found for children's attitudes toward older adults, and no effect was found for the interaction of gender and participation. A main effect was, however, found for participation [ $F(1,181) = 7.34, p = .007$ ]. Subjects, regardless of gender, who reported participation had more positive attitudes toward older people than did subjects reporting no participation.

#### *Hypothesis 4.1*

This hypothesis predicted that ethnic differences would exist for children's knowledge of older adults. A t-test was performed. This hypothesis was supported

[ $t(57.4) = 3.18, p = .002$ ]. Non-Hispanic White subjects were found to score higher than Hispanic subjects on the measure of knowledge of older adults.

#### *Hypothesis 4.2*

This hypothesis predicted that ethnic differences would exist for children's views of aging. A t-test was performed. This hypothesis was not supported.

#### *Hypothesis 4.3*

Hypothesis 4.3 predicted that ethnic differences would exist for children's attitudes toward older adults. ANCOVA was used to control for participation in a school project involving older people. No ethnic differences were found for children's attitudes toward older adults. An interaction effect was found for ethnicity and participation [ $F(1,181) = 17.04, p = .00$ ]. Hispanic subjects who reported participation scored higher on the measure of attitudes toward older adults than did Non-Hispanic White subjects who reported participation, and Hispanic subjects who reported no participation scored lower on the measure of attitudes toward older adults than did Non-Hispanic White subjects who reported no participation.

#### *Hypothesis 5.1*

Hypothesis 5.1 predicted that a positive correlation would exist between children's perceptions of their parents' attitudes toward older adults and children's attitudes toward older adults. A partial correlation was calculated to control for

participation in a school project involving older adults. This hypothesis was not supported.

#### *Hypothesis 5.2*

Hypothesis 5.2 predicted that a positive correlation would exist between children's perceptions of their peers' attitudes toward older adults and children's attitudes toward older adults. A partial correlation was calculated to control for participation in a school project involving older people. This hypothesis was supported [ $r(182) = .20, p = .006$ ].

#### *Hypothesis 5.3*

Hypothesis 5.3 predicted that a positive correlation would exist between children's perceptions of television portrayal of older adults and children's attitudes toward older adults. A partial correlation was calculated to control for participation in a school project involving older people. This hypothesis was not supported.

#### *Hypothesis 6*

Hypothesis 6 predicted that knowledge would be the most salient predictor of children's attitudes toward older adults. Hierarchical regression was used in this analysis while also controlling for participation in a school project involving older people. This hypothesis was supported. Knowledge was the most salient predictor of children's attitudes toward older adults, followed by views of aging, followed by empathy. The results of this analysis are shown in Table 3.



**Table 3: Changes in R Square for Hierarchical Regression**

<b>Model</b>	<b>R</b>	<b>R square change</b>	<b>F change</b>	<b>Significance F change</b>
Participation	.21	.04	8.3	.00
Participation Knowledge	.63	.35	103.82	.00
Participation Knowledge Views of Aging	.76	.18	77.12	.00
Participation Knowledge Views of Aging Empathy	.76	.00	.26	.61

Dependent variable: Attitudes

The data were also examined for strength of correlational relationships among independent variables (multicollinearity). Zero-order correlations were generated to analyze the relationships between the empathy measure, the views of aging measure, and the knowledge measure. Table 4 contains the collinearity statistics computed. Tolerance should be greater than .20, and VIF should be less than 4.0 to confidently state that multicollinearity is not a problem (Fox, 1991). Given the findings shown below, multicollinearity does not appear to be a problem.

**Table 4: Intercorrelations Among Independent Variables**

<b>Model</b>	<b>Correlations</b>	<b>Tolerance</b>	<b>VIF</b>
Knowledge	.60	.90	1.11
Views of Aging	.59	.92	1.09
Empathy	.17	1.0	1.00

Dependent variable: attitude

### **Exploratory Questions**

Question 1- Will gender differences exist for children's knowledge of older adults?

A t-test was performed. No gender differences were found.

Question 2- Will ethnic differences exist for children's empathy? A t-test was performed. No ethnic differences were found for children's empathy.

### **Qualitative Analysis**

The Children's Views of Aging (Section I) measure contains open-ended and closed-ended questions that ask about the aging process and what it is like to be old. Each of the questions is followed by a closed-ended question that allows each child to evaluate his/her response to the open-ended question. The open-ended questions were coded by the researcher and two speech pathologists according to the instructions provided by the author of the measure (Newman, 1997), and 100% agreement was attained. The following discussion will provide percentages of responses in each response category for each particular open-ended question as well as examples of responses.

*Question 1 asks, “How can you tell people are growing old?”* Response percentages are shown in Table 5. Eight percent of subjects responded in the category “Positive psychological/physical qualities” (e.g., “They get wiser”, “They want more love”). Eight percent of females, 8% of males, 11% of Non-Hispanic Whites, and 0% of Hispanics responded in this category. Five percent of subjects responded in the category “Negative psychological/physical qualities” (e.g., “They get slow”, “They get dull”). Eight percent of females, 0% of males, 7% of Non-Hispanic Whites, and 0% of Hispanics responded in this category. Thirty-five percent of subjects responded in the category “Physiological decline” (e.g., “They can’t move fast anymore”, “They hurt more”). Thirty-eight percent of females, 25% of males, 36% of Non-Hispanic Whites, and 33% of Hispanics responded in this category. Forty-nine percent of subjects responded in the category “Objective” (e.g., “Get wrinkles”, “Have gray hair”). Forty-two percent of females, 58% of males, 43% of Non-Hispanic Whites, and 66% of Hispanics responded in this category. Three percent of subjects responded in the category “Other” (e.g., “The way they look”). Four percent of females, 0% of males, 4% of Non-Hispanic Whites, and 0% of Hispanics responded in this category. Eight percent of subjects evaluated their responses as negative (8% of females, 8% of males, 11% of Non-Hispanic Whites, and 22% of Hispanics). Eight percent of subjects evaluated their responses as positive (12% of females, 0% of males, 12% of Non-Hispanic Whites, and 22% of Hispanics). Eighty-four percent of subjects evaluated their responses as

neither positive nor negative (80% of females, 92% of males, 76% of Non-Hispanic Whites, and 55% of Hispanics).

With regard to Question 1, 49% of the subjects referred to physical changes that may occur with age (e.g., gray hair and wrinkles), and 35% referred to loss (e.g., can't move fast anymore, hurt more). When they were asked if these changes were good, bad, or neither good nor bad, the majority (84%) responded that these changes were neither good nor bad. This would appear to indicate that though children tend to perceive aging in the context of physical characteristics, they do not place a value on them. With regard to gender differences in responses, females responded more in the physiological decline category (38%) than did males (25%). Males (58%), however, responded more in the objective category (e.g., gray hair and wrinkles) than did females (42%). Males responded more often than females (92% and 80% respectively) that these changes with age were neither good nor bad. Hispanics (66%) responded more in the objective category than did Non-Hispanic Whites (43%), and Hispanics (55%) evaluated these changes with age as neither good nor bad less frequently than Non-Hispanic Whites (76%).

**Table 5: Percentages of Responses to Question 1 by Gender and Ethnicity - *How can you tell when people are growing old?***

	Total	Female	Male	White	Hispanic
Positive psych/phys chars	8	8	8	11	0
Negative psych/phys chars	5	8	0	7	0
Physio decline	35	38	25	36	33
Objective	49	42	58	43	66
Other	3	4	0	4	0
Negative	8	8	8	11	22
Positive	8	12	0	12	22
Neither	84	80	92	76	55

*Question 2 asks, “How do you think it feels to be an old person?”*

Percentages of responses are shown in Table 6. Twenty-four percent of subjects responded in the category “Positive psychological/physical qualities” (e.g., “Probably feels good”, “Feel satisfied”). Twenty percent of females, 33% of males, 21% of Whites, and 33% of Hispanics responded in this category. Forty-nine percent of subjects responded in the category “Negative psychological/physical qualities” (e.g., “Feels sad”, “A little sad because you’re lonely”). Fifty-six percent of females, 33% of males, 50% of Non-Hispanic Whites, and 44% of Hispanics responded in this category. Fourteen percent of subjects responded in the category “Mixed responses” (e.g., “Sometimes feels good, sometimes feels bad”). Eight percent of females, 16% of males, 13% of Non-Hispanic Whites, and 11% of Hispanics responded in this category. Fourteen percent of subjects responded in the category “Other” (e.g., “Feels different”). Sixteen percent of females, 13% of males, 16% of Non-Hispanic Whites, and 11% of Hispanics responded in this

category. Thirty-five percent of subjects evaluated their responses as negative (40% of females, 21% of males, 31% of Non-Hispanic Whites, and 46% of Hispanics). Eleven percent of subjects evaluated their responses as positive (8% of females, 21% of males, 7% of Non-Hispanic Whites, and 24% of Hispanics). Fifty-four percent of subjects evaluated their responses as neither positive nor negative (52% of females, 58% of males, 66% of Non-Hispanic Whites, and 24% of Hispanics).

In Question 2, the most frequent category of response was negative psychological/physical qualities (49%). Positive psychological/physical qualities were roughly half that value (24%). The majority of subjects (54%) evaluated their responses to this question as neither good nor bad. It is interesting that while a majority of the children did not view the aging process as negative, when they were asked how it would feel to be old, a majority expressed negative impressions of conditions they associated with being old. Females (56%) responded more in the negative psychological/physical characteristics category than did males (33%), and females (40%) evaluated the changes associated with age as negative more than did males (21%). While Non-Hispanic Whites (50%) responded more in the negative psychological/physical characteristics category than Hispanics (44%), Hispanics (46%) evaluated the changes related to age as negative more than Non-Hispanic Whites (31%).

**Table 6: Percentages of Responses to Question 2 by Gender and Ethnicity - *How do you think it feels to be an old person?***

	Total	Female	Male	White	Hispanic
Positive psych/phys chars	24	20	33	21	33
Negative psych/phys chars	49	56	33	50	44
Mixed	14	8	16	13	11
Other	14	16	13	16	11
Negative	35	40	21	31	46
Positive	11	8	21	7	24
Neither	54	52	58	66	24

*Question 3 asks, “What do you think happens when you get to be an old person?”* Percentages of responses are shown in Table 7. Twenty-seven percent of subjects responded in the category “Positive psychological/physical qualities” (e.g., “You get responsible”, “You get wiser”). Twenty percent of females, 41% of males, 21% of Non-Hispanic Whites, and 44% of Hispanics responded in this category. Three percent of subjects responded in the category “Negative psychological/physical qualities” (e.g., “You have lots of problems”). Four percent of females, 0% of males, 4% of Non-Hispanic Whites, and 0% of Hispanics responded in this category. Twenty-seven percent of subjects responded in the category “Physiological decline” (e.g., “You get slower”, “You get weaker”). Thirty percent of females, 8% of males, 32% of Non-Hispanic Whites, and 11% of Hispanics responded in this category. Eight percent of subjects responded in the category “You die” (e.g., “You get closer to death”, “You will die soon”). Four percent of females, 16% of males, 4% of Non-Hispanic Whites, and 22% of

Hispanics responded in this category. Three percent of subjects responded in the “Objective” category (e.g., “Get wrinkles”). No females, 8% of males, 0% of Non-Hispanic Whites, and 11% of Hispanics responded in this category. Five percent of subjects responded in the category “Social withdrawal” (e.g., “You don’t want to do stuff”). Three percent of females, 0% of males, 7% of Non-Hispanic Whites, and 0% of Hispanics responded in this category. Twenty-seven percent of subjects responded in the category “Other” (e.g., “Get older”, “You retire”). Thirty-eight percent of females, 26% of males, 32% of Non-Hispanic Whites, and 11% of Hispanics responded in this category. Thirty percent of subjects evaluated their responses as negative (32% of females, 25% of males, 25% of Non-Hispanic Whites, and 44% of Hispanics). Fourteen percent of subjects evaluated their responses as positive (16% of females, 8% of males, 11% of Non-Hispanic Whites, and 22% of Hispanics). Fifty-six percent of subjects evaluated their responses as neither positive nor negative (52% of females, 66% of males, 64% of Non-Hispanic Whites, and 33% of Hispanics).

The most frequent responses to Question 3 were in the physiological decline and other categories (27% and 27% respectively), and as in Questions 1 and 2, a majority of subjects evaluated the changes related to age as neither good nor bad. Females (36%) more than males (8%) responded in the physiological decline category, yet males (16%) more than females (4%) responded in the “you die” category. Females (32%) more than males (25%) evaluated their evaluations of the



aging process as negative. Hispanics (44%) responded in the positive psychological/physical characteristics category more than Non-Hispanic Whites (21%), and (22%) responded more in the you die category than Non-Hispanic Whites (4%). Non-Hispanic Whites (64%) evaluated their responses as neither good nor bad more than Hispanics (33%). Hispanics, however, evaluated their responses more frequently negative (44%) than Non-Hispanic Whites (25%) as well as more frequently positive (Hispanics 22% versus Non-Hispanic Whites 11%). Hispanics appeared to evaluate their responses more in the extremes (i.e., good versus bad) than Non-Hispanic Whites.

**Table 7: Percentages of Responses to Question 3 by Gender and Ethnicity - *What do you think happens when you get to be an old person?***

	Total	Female	Male	White	Hispanic
Positive psych/phys chars	27	20	41	21	44
Negative psych/phys chars	3	4	0	4	0
Physio decline	27	30	8	32	11
You die	8	4	16	4	22
Social withdrawal	5	3	0	7	0
Objective	3	0	8	0	11
Other	27	38	26	32	11
Negative	30	32	25	25	44
Positive	14	16	8	11	22
Neither	56	52	66	64	33

*Question 4* asks the child to identify where he/she learned the most about old people. Sixty-six percent of the children responded “grandparents”, 28%

responded “parents”, 2% responded “books”, 2% responded “somewhere else”, and 3% responded “television”.

*Question 5 asks, “What do you think you will be like when you are old?”*

Percentages of responses are shown in Table 8. Forty-three percent of subjects responded in the category “Positive psychological/physical qualities” (e.g., “Feel good about myself because I made it this far”, “Happy and good”). Forty-four percent of females, 41% of males, 50% of Whites, and 22% of Hispanics responded in this category. Thirty-two percent of subjects responded in the category “Negative psychological/physical qualities” (e.g., “A little sad”, “Very helpless”). Thirty-two percent of females, 33% of males, 21% of Non-Hispanic Whites, and 66% of Hispanics responded in this category. Five percent of subjects responded in the category “Objective physical characteristics” (e.g., “Have gray hair and wrinkles”). Six percent of females, 0% of males, 8% of Non-Hispanic Whites, and 0% of Hispanics responded in this category. Eleven percent of subjects responded in the category “Mixed responses” (e.g., “Kind and wiser, but not athletic”). Twelve percent of females, 11% of males, 11% of Non-Hispanic Whites, and 6% of Hispanics responded in this category. Eight percent of subjects responded in the category “Other” (e.g., “Feel different”, “Have grandchildren”). Six percent of females, 11% of males, 10% of Non-Hispanic Whites, and 5% of Hispanics responded in this category. Fourteen percent of subjects evaluated their responses as negative (16% of females, 8% of males, 0% of Non-Hispanic Whites, and 33%

of Hispanics). Forty-three percent of subjects evaluated their responses as positive (42% of females, 46% of males, 66% of Non-Hispanic Whites, and 33% of Hispanics). Forty-three percent of subjects evaluated their responses as neither positive nor negative (42% of females, 46% of males, 33% of Non-Hispanic Whites, and 33% of Hispanics).

Question 5 asks the children to take a futuristic perspective and imagine themselves as old. The most frequent response category was positive psychological/physical characteristics (43%). Thirty-two percent of subjects responded in the negative psychological/physical characteristics category. The majority of subjects evaluated their responses to the question of their own aging as either good (43%) or neither good nor bad (43%). Though subjects were able to perceive both positive and negative aspects of their own aging, most of the subjects viewed their own aging process in a positive or neutral light. Females and males were roughly equal on their frequency of responses in the negative and positive psychological/physical characteristics categories, as well as roughly equal in their evaluations of their responses as neither good nor bad. Hispanics (66%) responded more in the negative psychological/physical characteristics category than Non-Hispanic Whites (21%), yet Hispanics' evaluations of their responses to changes related to their own aging were equal as good (33%), bad (33%), and neither good nor bad (33%).

**Table 8: Percentages of Responses to Question 5 by Gender and Ethnicity - *What do you think you will be like when you are old?***

	Total	Female	Male	White	Hispanic
Positive psych/phys chars	43	44	41	50	22
Negative psych/phys chars	32	32	33	21	66
Objective	5	6	0	8	0
Mixed	11	12	11	11	6
Other	8	6	11	10	5
Negative	14	16	8	0	33
Positive	43	42	46	66	33
Neither	43	42	46	3	33

*Question 6 asks, “How do you think you will feel when you are old?”*

Percentages of responses are shown in Table 9. Forty-six percent of subjects responded in the category “Positive psychological/physical qualities” (e.g., “Feel wise and smart”, “Feel good about myself”). Forty-four percent of females, 50% of males, 46% of Non-Hispanic Whites, and 44% of Hispanics responded in this category. Thirty percent of subjects responded in the category “Negative psychological/physical qualities” (e.g., “Feel sort of lonely”, “Back will ache”). Thirty-two percent of females, 25% of males, 25% of Non-Hispanic Whites, and 44% of Hispanics responded in this category. Fourteen percent of subjects responded in the category “Mixed responses” (e.g., “Wise but lonely”). Sixteen percent of females, 8% of males, 14% of Non-Hispanic Whites, and 11% of Hispanics responded in this category. Fourteen percent of subjects responded in the category “Other” (e.g., “Feel different than right now”). Eight percent of females, 16% of males, 15% of Non-Hispanic Whites, and 0% of Hispanics responded in

this category. Fourteen percent of subjects evaluated their responses as negative (12% of females, 16% of males, 14% of Non-Hispanic Whites, and 33% of Hispanics). Forty-one percent of subjects evaluated their responses as positive (47% of females, 33% of males, 46% of Non-Hispanic Whites, and 22% of Non-White Hispanics). Forty-five percent of subjects evaluated their responses as neither positive nor negative (41% of females, 50% of males, 39% of Non-Hispanic Whites, and 4% of Hispanics).

The most frequent responses for Question 6 were in the positive and negative psychological/physical characteristics categories (46% and 30% respectively). Subjects' evaluations of their responses to the question of how they would feel when they are old were equally good (41%) and neither good nor bad (41%). It would appear that though the children did anticipate their aging to bring both good and bad conditions, they valued these changes as either good or neutral. Females (32%) responded more frequently in the negative psychological/physical characteristics category than males (25%), and less often in the positive psychological/physical characteristics category, yet they evaluated their responses less frequently negative and more frequently positive than males. Hispanics responded with equal frequency in the positive and negative psychological/physical characteristics categories (44% and 44% respectively). Hispanics (44%) responded more frequently than Non-Hispanic Whites (25%) in the negative psychological/physical characteristics category. They were roughly equal to Non-

Hispanic Whites in frequency of responses in the positive psychological/physical characteristics category. Hispanics evaluated their responses as bad or neither good nor bad most frequently, whereas Non-Hispanic Whites evaluated their responses most frequently as good.

**Table 9: Percentages of Responses to Question 6 by Gender and Ethnicity - *How do you think you will feel when you are old?***

	Total	Female	Male	White	Hispanic
Positive psych/phys chars	46	44	50	46	44
Negative psych/phys chars	30	32	25	25	44
Mixed	14	16	8	14	11
Other	14	8	16	15	0
Negative	14	12	16	14	33
Positive	41	47	33	46	22
Neither	41	41	50	39	44

*Question 7 asks, “What do you think you will do when you are old?”*

Percentages of responses are shown in Table 10. Sixty-two percent of subjects responded in the category “Social participation” (e.g., “Go places”, “Tell stories to my grandchildren”). Sixty-four percent of females, 58% of males, 68% of Non-Hispanic Whites, and 44% of Hispanics responded in this category. Twenty-seven percent of subjects responded in the category “Social withdrawal” (e.g., “Sit and watch television”, “Sleep a lot”). Twenty-four percent of females, 33% of males, 18% of Non-Hispanic Whites, and 55% of Hispanics responded in this category. Eleven percent of subjects responded in the category “Other” (e.g., “Walk a lot”). Twelve percent of females, 8% of males, 14% of Non-Hispanic Whites, and 0% of

Hispanics responded in this category. Five percent of subjects evaluated their responses as negative (4% of females, 8% of males, 4% of Non-Hispanic Whites, and 11% of Hispanics). Sixty-eight of subjects evaluated their responses as positive (76% of females, 50% of males, 64% of Non-Hispanic Whites, and 77% of Hispanics). Twenty-seven percent of subjects evaluated their responses as neither positive nor negative (20% of females, 41% of males, 32% of Non-Hispanic Whites, and 11% of Hispanics).

In response to the question of what they felt they would do when they were old, a majority of subjects (67%) responded in the social participation category, though 27% did respond in the social withdrawal category. Females (64%) responded more frequently in the social participation category than males (58%) and less frequently (24%) in the social withdrawal category than males (33%). Both males and females evaluated their responses most frequently as either good or neither good nor bad, though females (76%) evaluated their responses as good more frequently than males (50%). Hispanics responded more frequently in the social withdrawal category (55%) than in the social participation category (44%). They, however, evaluated their responses most frequently as positive (77%). Hispanics (55%) responded more frequently than Non-Hispanic Whites (18%) in the social withdrawal category and less frequently (44%) than Non-Hispanic Whites (68%) in the social participation category, and they evaluated their

responses more frequently (77%) as good than did Non-Hispanic Whites (64%), as well as more frequently negative (11%) than Non-Hispanic Whites (4%).

**Table 10: Percentages of Responses to Question 7 by Gender and Ethnicity-  
*What do you think you will do when you are old?***

	Total	Female	Male	White	Hispanic.
Social participation	62	64	58	68	44
Social withdrawal	27	24	33	18	55
Other	11	12	8	14	0
Negative	5	4	8	4	11
Positive	68	76	50	64	77
Neither	3	20	41	32	11

*Question 8* asks the child to identify where he/she learned the most about becoming old. Sixty-eight percent of the children responded “grandparents”, 28% responded “parents”, 1% responded “books”, 1% responded “somewhere else”, and 2% responded “television”.

To summarize the qualitative findings, the children perceived the aging process as having both negative and positive conditions associated with it, yet they evaluated the process as either good or neutral. The same was true when asked about their own aging. They did express both negative and positive changes, but they evaluated these changes as good or neutral. For the most part, females tended to respond in the negative categories more frequently than males; however, females did not differ markedly from males with regard to evaluations of their responses about the aging process. When looking at responses to questions of aging in



general, Hispanics tended to respond less frequently in the negative categories than Non-Hispanic Whites, but they tended to evaluate their responses as good or bad more frequently than Non-Hispanic Whites. Non-Hispanic Whites tended to evaluate their responses as good or neither good nor bad more frequently. Non-Hispanic Whites, therefore, tended to have a more neutral view of the changes associated with aging. The majority of the children responded that they had learned the most about older people from their grandparents. When looking at responses to questions about their own future aging, Hispanics responded more frequently in the negative categories than Non-Hispanic Whites, and they also evaluated their responses more frequently negative than Non-Hispanic Whites. The majority of the children responded that they had learned the most about becoming old from their grandparents.

## **Summary**

This chapter has presented the results of the present study. Background analysis based upon information from the Background Questionnaire was presented. The results from hypothesis testing and examination of exploratory questions were presented. Findings from examination of the qualitative portion of the Children's Views of Aging (Section I) measure were also included.

## **Chapter V: Discussion**

A paucity of current information exists regarding children's attitudes toward older adults. This study has provided a snapshot of children's attitudes toward older people. In addition, it has delved into the complex nature of attitudes by examination of three predictors of children's attitudes toward older adults—knowledge of older adults, views of aging, and empathy. While the bulk of the attitude literature has concentrated upon the cognitive components of attitudes, this study has included examination of an affective component, empathy.

The present study had five purposes. The first purpose was to examine children's attitudes toward older adults and three potential predictors of attitudes—knowledge about older adults, views of aging, and empathy. The second purpose was to examine gender differences with regard to children's attitudes toward older people, knowledge about older people, views of aging, and empathy. The third purpose was to examine ethnic differences with regard to children's attitudes toward older people, knowledge about older people, views of aging, and empathy. The fourth purpose was to examine saliency of predictor variables (knowledge, views of aging, and empathy) as related to children's attitudes toward older people. The fifth purpose was to examine potential influences of children's attitudes toward older people—children's perceptions of parental attitudes toward older people,

children's perceptions of peer attitudes toward older people, and children's perceptions of television portrayal of older people.

This chapter has four sections. The first section is a summary and discussion of the findings. The second section presents the implications of the study. The third section presents limitations of the study. The final section presents future directions for research.

### **Summary of Findings**

In this study, children were found to have fairly positive attitudes toward older adults. This finding is in opposition to some of the earlier research on children's attitudes toward older people (Page et. al., 1981; Hickey et. al., 1968; Seefeldt et. al., 1977), but it is congruent with other earlier research (Braithwaite, 1986; Burke, 1982; Fillmer, 1984; Harris et. al., 1988; Marks et. al, 1985), as well as with more current research (Newman et. al., 1997; Meshel, 1997). Children's views of aging were found to be midway between positive and negative. This finding is in opposition to some of the earlier research (Hickey et. al., 1968; Kastenbaum & Durkee, 1964; Seefeldt, 1987; Treybig, 1974), but it is congruent with some of the more current research (Newman et. al., 1997; Meshel, 1997). Children were found to have moderate knowledge about older people. This finding is consistent with prior literature (Haught et. al., 1999). Moreover, children were

found to have moderate empathy, which is consistent with the prior literature (Bryant, 1982).

That the children in the present study were found to have more positive attitudes toward older adults and more positive views of aging than were reported in earlier studies may have to do with sample bias. The participation rate for the present study was 71%. It is, therefore, possible that the children who chose to participate in the study had higher attitudes toward older adults and more positive views of aging than those who chose not to participate.

Another explanation for the more positive findings in this study compared to earlier studies is that there may be cohort differences. The earlier studies were conducted in the 60's, 70's, and 80's, and a number of changes have occurred in our society over the decades since those earlier studies were conducted. Over past decades, technological developments have increased the possibility of building and maintaining relationships in spite of geographic distance. Telephones and computers mean that people are able to communicate and visit regularly, and at a lower cost than in the past, even if they live far from each other (Ward, 1997). In addition, changes have occurred in longevity and retirement patterns. With improved health care and medical treatments of disease, adults are experiencing longer life spans, and the United States is becoming a society of older people (Aday et. al., 1996). With their overall better health, they are remaining active. With regard to retirement patterns, in 1950, a 20-year-old man could anticipate spending

7.5 years in retirement. By 1980, a 20-year-old man could anticipate spending 15 years in retirement (Caplow et. al., 1991). This situation exists still today. Though the trend today is toward earlier retirement, the numbers of people working in part-time positions after the age of 65 has increased for both men and women (Statistical Abstract of the United States, 2001). Given these current situations, the children in this study have had the opportunity to see older adults as more active and more participatory in society than the children in the earlier studies. Finally, the effect of the media (e.g., television, books, periodicals) can not be ignored. The growing affluence of older adults began to draw media and marketing interest in the 1980's. By 1990, advertising geared toward older adults, including ads that featured persons who were clearly aging, was becoming more common. In addition, there have been shifts in portrayal of older adults in children's books. Dellman-Jenkins and Yang (1997) performed an analysis of 95 children's books published between 1972 and 1995. They found that books published between 1984 and 1995 had significantly more positive portrayals of older adult characters than books published between 1972 and 1983. They also found that in the more recent set of books, older adult characters were more often described as "right", "wonderful", "good", "caring", or "happy" than those in the older set of books.

From the Background Questionnaire, it was found that a majority of the children lived farther than 20 miles from their grandparents. Children who lived closer to their grandparents also had more frequent contact with their grandparents.

This finding is consistent with prior literature (Uhlenberg & Hammill, 1998). The children had more frequent contact with their grandmothers than with their grandfathers. This finding is also consistent with prior literature (Uhlenberg & Hammill, 1998). The majority of children in this study lived farther away from their grandparents than did the subjects in a study by Uhlenberg and Hammill (1998) in which a national sample of 4,629 grandparent-grandchild sets were examined. The finding in this study may be due to the demographics of the Austin, Texas area from which a majority of the subject pool was drawn. The children reported enjoyment of time spent with their grandmothers more often than with their grandfathers, though the majority enjoyed time spent with both grandmothers and grandfathers. Most of the children had not lived in the same household with an older person, and most had not participated in a project with older people.

The results of this study showed that children who reported participation in a project involving older people had more positive attitudes toward older people than children who reported no participation in a project involving older people. This finding is consistent with the research of Allred and Dobson (1987), as well as Aday et. al. (1993). It should be noted here, however, that in the prior research on changes in children's attitudes toward older people after participation in a project with older adults, the projects involved multiple exposure to the older adults. In the current study, children reporting participation in a project with older adults also stated that the projects (e.g., pumpkin carving at a nursing home, singing Christmas

carols at a nursing home) involved a one-time exposure to the older adults, and there was little personal interaction. It is doubtful that exposure to older adults in a one-time project in which little personal interaction took place would actually cause the children to have more positive attitudes toward older people. Moreover, the children who participated in the project volunteered; therefore, it is likely that the children who chose to participate already had more positive attitudes toward older people than children who chose not to participate. This finding, nevertheless, made it necessary to control for participation in all further analyses which involved attitudes. Participation in a project with older people was not related to any of the predictor variables (knowledge, views of aging, and empathy).

Positive correlations were found in this study between all predictor variables (knowledge, views of aging, and empathy) and attitudes. These findings were generally consistent with the literature. The finding that children's empathy positively correlated with their attitudes toward older people is consistent with research by Schwalbach and Kiernan (2002) with children, as well as research by Batson et. al. (1997) and Bagshaw and Adams (1985) with adults. The finding that children's knowledge of older people was positively correlated with their attitudes toward older people is consistent with research by Aday and Campbell (1995) and Meshel (1997). The finding that children's views of aging were positively correlated with their attitudes toward older adults is consistent with the research of Page et. al. (1981), as well as earlier research by Seefeldt et. al. (1977).

In this study there were no gender differences in measures of empathy, views of aging, or attitudes. The research regarding gender differences and empathy is mixed. Some researchers have found girls to be more empathic than boys (Bryant, 1982), while others have found boys to lag behind girls at age three, only to surpass girls by age five on correctness of empathic identification of others' feelings (Adams, Summers, & Christopherson, 1993). Still other researchers (Freeman, 1984; Marcus, Telleen, & Roe, 1979) have found no gender differences in children with regard to empathy. Possibly with more equal numbers of girls and boys, gender differences on empathy may have been realized.

The finding of no gender differences with regard to views of aging is in opposition to the findings of Haught et. al. (1999) and Steitz and Verner (1987), who found that girls had more positive views of aging than boys. Possibly with more equal representation of boys and girls, gender differences with regard to views of aging may also have been found.

The finding of no gender differences for children's attitudes toward older adults is inconsistent with the findings of Falchikov (1990) and Downs (1981). No effect was found for the interaction of gender and participation in a project with older adults; however, a main effect was found for participation, consistent with the findings discussed previously. The statistical effect of participation may have overridden any effect of gender with regard to attitudes toward older people. No



gender differences were found in children's knowledge of older adults, consistent with the findings of Haught et. al. (1999) and Palmore (1980).

The examination of ethnic differences on measures of the predictor variables showed differences only for the measure of knowledge. Non-Hispanic Whites were found to score higher than Hispanics. This finding is consistent with the findings of Haught et. al. (1999). That no significant ethnic differences were found for the measure of views of aging was not expected, based upon the findings of Barresi and Menon (1990) and Mui and Barnette (1994), who, in examining differences in family contact among different ethnic groups, implied the potential for differences in views of aging based upon ethnicity. Possibly the lack of a significant finding with regard to ethnic differences on views of aging was due to the low representation of Hispanic children in the current study.

That there were no significant ethnic differences with regard to attitudes toward older people was an unexpected result, based on the research by Jensen & Oakley (1982-83), as well as examinations of ethnic differences with regard to family dynamics related to older family members by Ruggles and Goeken (1992), Chatters and Taylor (1990), and Kivett (1993). Possibly this finding was also due to the low representation of Hispanic children in the study sample.

In examining ethnic differences with regard to attitudes toward older people, the analysis controlled for participation. Significance only occurred for an interaction effect between ethnicity and participation. Hispanic children who

reported participation scored higher on the measure of attitudes toward older adults than did Non-Hispanic White children who reported participation, and Hispanic children who reported no participation scored lower on the measure of attitudes toward older adults than did Non-Hispanic White children who reported no participation. It is interesting to note that the difference between attitudes of Hispanic children reporting participation in a project with older people and attitudes of Hispanic children reporting no participation was more profound than the difference between attitudes of Non-Hispanic White children reporting participation or no participation. The finding of no significant ethnic differences with regard to empathy is consistent with the findings of Kagan (1977), Kagan and Buriel (1977), and Knudson and Kagan (1982).

There was a significant positive correlation between children's perceptions of their peers' attitudes toward older adults and the children's attitudes toward older adults, but not on the other variables (i.e. children's perceptions of parental attitudes toward older adults and children's perceptions of television portrayal of older adults). This significant finding with respect to peers is consistent with the research of Harris (1995) and Birch (1987). However, children's perceptions of their parents' attitudes toward older adults and children's attitudes toward older adults were not significantly correlated. This finding is in opposition to the traditional socialization model, which assumes that cultural transmission is by way of the parent-child relationship (Harris, 1995). A significant correlation also did not

exist between children's perceptions of television portrayal of older adults and children's attitudes toward older adults.

The finding that only children's perceptions of their peers' attitudes correlated significantly (and positively) with children's attitudes toward older people is not surprising, however, given that some studies have shown parental influence to be high during early school years and then to decline (Harris, 1995; McGue, Bouchard, Iacono, & Llykken, 1993; Berndt, 1979). The children in the study sample are in the age group in which parental influence is beginning to decline and be upstaged by peer influences.

It is interesting that a significant correlation was not found between children's perceptions of television portrayal of older adults and children's attitudes toward older adults, given the omnipresence of television in our culture. Possibly, only one question on the questionnaire regarding perceptions of television portrayal of older adults was not sufficient to assess the question of the influence of television upon attitudes. An open-ended question may have revealed more useful information.

This study found that the most salient predictor of children's attitudes toward older adults is knowledge about older adults. This finding is consistent with research by Murphy-Russell, Die, and Walker (1986). Though salience of knowledge in predicting children's attitudes toward older people has not been represented in the literature, there is support for the potency of knowledge as it is

related to attitudes, particularly as it is related to attitude change (Seefeldt, 1982; Doka, 1985/1986; Aday & Campbell, 1995; Meshel, 1997).

That empathy was not found to be a more potent predictor of attitudes may have to do with the fact that the empathy measure assessed general empathy rather than empathy toward a specific target; in this case, older adults. Bryant (1982) argued on the basis of prior research that the more empathic the individual, the more accepting of other individuals, including those from groups subject to negative evaluations. Even in light of this, the general empathy measure used may not have been sufficient to predict attitudes toward a specific target. Possibly an empathy measure that targeted older adults specifically would have yielded different results.

In the qualitative analysis, it was found that the children perceived the aging process as having both negative and positive conditions associated with it, yet they evaluated the process as either good or neutral. When the children were asked how they could tell people are growing old, they responded that older people “Get wiser” and “Want more love”, but they also stated that older people “Get slower” and “Hurt more”. The same was true when asked about their own aging. They did express both negative and positive changes, but they evaluated these changes as good or neutral. When asked what they thought they would be like when they are old, they responded that they would “Feel wise and smart” and they would “Feel happy and good”, but they also stated they would be “A little sad” and “Feel sort of

lonely”. These findings are consistent with prior research (Newman et. al., 1997; Lichtenstein et. al., 2003).

For the most part, girls tended to respond in the negative categories more frequently than boys (e.g., “”They get dull”, “They hurt more”). Girls, however, did not differ markedly from boys with regard to evaluations of their responses about the aging process. When looking at responses to questions of aging in general, Hispanic children tended to respond less frequently in the negative categories than Non-Hispanic White children, but they tended to evaluate their responses as bad more frequently than Non-Hispanic White children. Non-Hispanic White children responded more frequently than Hispanic children with statements such as “They can’t move fast anymore” and “You get weaker”. Non-Hispanic White children tended to evaluate their responses as good or neither good nor bad more frequently, which would indicate a more neutral view of the aging process. The exception to this was with respect to the “You die” category when the children were asked what they thought happened when a person became older. The Hispanic children responded much more frequently in this category (e.g. “You get closer to death”, “You will die soon”) than the Non-Hispanic White children. When looking at responses to questions about their own future aging, Hispanic children responded more frequently in the negative categories than Non-Hispanic White children, and they also evaluated their responses more frequently negative than Non-Hispanic White children. Hispanic children responded more frequently than Non-Hispanic

White children with statements such as “Back will ache” and “Feel very helpless”. The majority of the children responded that they had learned the most about older people and becoming old from their grandparents.

With regard to ethnicity, two ethnic groups participated in the present study, Non-Hispanic White and Hispanic. Ethnicity may be seen as a proxy for “culture”, which may be broadly defined as a “historically transmitted system of symbols, meanings, and norms” (Collier & Thomas, 1988). Attitudes are learned within a cultural context. Whatever cultural environment surrounds an individual helps to shape and form attitudes, readiness to respond, and ultimately behavior (Nussbaum, Thompson, & Robinson, 1989). The degree to which a culture’s attitudes, beliefs, and values are displayed is dependent upon the degree of acculturation into the host country’s society. The degree of acculturation may be influenced by such factors as historical distance from the time of first immigration to the host country, personal identification with the culture of origin, and allegiance to the culture of origin (Gelfand, 1994). In the present study, it is not known how far removed the participating children are from first immigration to the United States. It is also not known from which country the children’s ancestors originated. With the Hispanic children, for example, it is not known if they are first-generation immigrants from Puerto Rico, Mexico, or San Salvador, or if they are third generation American-born citizens with Costa Rican origins. Likewise, with the Non-Hispanic White children, it is not known if they are first-generation Polish immigrants or fourth-

generation American-born citizens with Italian origins. It can be seen, therefore, that a good deal of variability may exist within the broad categories of ethnicity represented in the present study as Non-Hispanic White and Hispanic. It is beyond the scope of this study to address all of the ethnic/cultural factors that may influence children's attitudes toward older adults, however, this context must be considered when interpreting the results of this study.

### **Implications**

It was found in this study that Non-Hispanic White children scored higher on the measure of knowledge than Hispanic children. One explanation for this finding is that the measure may not have been culturally sensitive. The measure was, however, examined by two speech pathologists with extensive experience with Hispanic children who felt it to be culturally neutral. If it is, indeed, the case that Hispanic children possess less knowledge about older adults than Non-Hispanic White children, this would point to Hispanic children as a potential target for a knowledge-based intervention about older adults. In light of the qualitative finding of more negative views of their own future aging held by the Hispanic children, it would appear worthwhile to provide them with opportunities to change those views in a more positive direction for the benefit of their own aging and health. Further examination should also be performed with respect to the strong difference between Hispanic and Non-Hispanic White children on attitudes toward

older people, based upon their participation in a project with older people. The finding that the children's attitudes toward older adults only correlated significantly with perceptions of their peers' attitudes toward older adults would indicate the potential for a more potent intervention to change attitudes toward older adults in a positive direction by using peer teachers rather than adult teachers. In addition, the finding that knowledge was the most salient predictor of children's attitudes toward older adults would be useful to those designing interventions for positive attitude change toward older people. Knowledge-based programs could be developed in different media, whether it be a CD-ROM program, video productions, or learning modules. Each of these would be well-suited for inclusion in social studies classes as well as health education classes.

The findings of this study may be particularly useful to health and science educators within the realm of school health to begin the process of inquiry-based learning about older people, aging, and health promotion. Health promotion is desirable at any age, but the period of childhood and adolescence offers special opportunities for those who work with this age group, as well as for those who design educational programs for this age group. Educational programs designed to increase learning about older people and aging have the potential to promote more positive attitudes toward older people and an appreciation for diversity. In addition, many of the conditions associated with adult morbidity and mortality can begin during the childhood and adolescent years along with behaviors that



encourage their development. Millstein, Peterson, and Nightingale (1993) have pointed out that children and adolescents have a developmentally based sense of curiosity and interest that offers an opportunity for health promotion that should not be wasted. Children and adolescents are extraordinarily receptive to information about themselves and their bodies, and they are anxious to become more autonomous in their decision making.

Opportunities for learning about older people and the aging process need not be constrained solely to the school health education curriculum. Learning activities designed to increase knowledge about elders and aging may be included in a variety of classes. In an English or writing class, students may write essays about aging or conduct interviews with older people and write life histories. The topic of aging lends itself well to the content of biology and science classes. History classes may come alive with the personalized accounts of history that could be provided by an older guest lecturer. Even in mathematics classes, children may practice mathematics by balancing an older person's household budget based upon Social Security benefits.

In addition to the potential personal health benefits, the provision of opportunities for children to learn about older people and aging may positively impact the public health problem of elder abuse. In a national study conducted by the National Center on Elder Abuse in 1994, it was estimated that the total number of elder abuse victims in the United States annually was approximately 1.84 million

(Baron, 1996). Reports of abuse have consistently increased from 1986 to 1996, from 117,000 reports of abuse in 1986 to 293,000 reports of abuse in 1996 (Administration on Aging, 1999). Most professionals believe the actual number of cases of elder abuse is underestimated. The Administration on Aging (1999) issued a statement that "...for every reported incident of elder abuse, approximately 5 go unreported". By providing opportunities for children to learn about older people and aging, whether through intergenerational programs or classroom learning activities, children may develop a greater appreciation for diversity in our society, more positive attitudes toward older people may be fostered, and negative misconceptions may be dispelled. The children of today are the future doctors, nurses, and caregivers for the elderly of tomorrow. We will all hopefully live to be elderly one day. The abuse we potentially prevent by fostering more positive attitudes toward older people may well be our own.

### **Directions for Future Research**

The limitations of the study are helpful in elucidating directions for future research. It is recommended that the replication of this study be performed with a larger sample size, and that the sample include more equal numbers of males and females. It would also be recommended that more equal numbers of Hispanic and Non-Hispanic White children be included in the sample. Future studies might also include other ethnic groups (e.g. Blacks, Asians, Native Americans), as well as

samples of different age groups. In addition, a sample comprised of subjects who had all participated in a project with older adults or who had all not participated in a project with older adults would eliminate that factor which had to be controlled for in the analyses.

This study may provide the background for the design of intergenerational programs for the purpose of attitude change toward older adults. Intergenerational programs may be examined to assess changes in scores on measures of the predictor variables and attitudes before and after the involvement of younger and older people. The predictor variables may also be manipulated and the effect of the manipulation assessed. This would provide a real-life assessment of the actual salience of the predictor variables as they are related to attitudes.

Gender and ethnic differences might be examined to gain insight into the most potent means of affecting attitude change based upon gender and ethnicity. It would be interesting to examine differences on measures of the predictor variables and attitudes across different age groups. It would be interesting, as well, to examine differences in potency of manipulations of the predictor variables as they are related to attitude change across age groups.

Since only a few current studies have been performed to examine children's attitudes toward older people, further research on this topic may serve to garner support for inclusion of the topic of aging and the elderly in the educational curricula. Information from such studies may also be used to support the provision

of intergenerational projects in schools, or at the very least, the inclusion of older volunteers in schools.

## **Appendix A: Background Questionnaire**

*Please do not write your name on this questionnaire.*

Please answer all items carefully. If you have any questions, please raise your hand.

Please fill in or mark your answers to the following questions and statements.

1. I am now in the \_\_\_\_ grade.
2. My age is \_\_\_\_.
3. I am a: ☐ Male ☐ Female
4. My ethnic heritage is (if you are of more than 1 ethnic heritage listed below, choose the one you most consider yourself to be):  
☐ White/Caucasian  
☐ African American/Black  
☐ Hispanic/Latino  
☐ Asian  
☐ Native American/American Indian
5. How many of your grandmothers have you met in your lifetime? (These grandmothers should be actually kin to you; for example, the mothers of your parents or step-parents) \_\_\_\_\_
6. On the lines below, list each of your grandmothers by her name or her initials. If you have more than 3 grandmothers, choose the 3 you feel closest to.

\_\_\_\_ Name    \_\_\_\_ How often    \_\_\_\_ City/state    \_\_\_\_ Enjoyment

Grandmother 1 \_\_\_\_\_

Grandmother 2 \_\_\_\_\_

Grandmother 3 \_\_\_\_\_

- a. How often have you seen each grandmother in the past year? Choosing from the list below, write the number of your answer on the line by each grandmother listed above under “How often”.
  - 1) more than once a week

- 2) once a week
  - 3) not more than once a month
  - 4) not more than 4 times this year
  - 5) not more than 2 times this year
  - 6) not more than once this year
  - 7) none this year
- b. How far away from you does each grandmother live? Write the city and state where each grandmother listed above lives on the line by her name under "City/state".
  - c. Do you enjoy time spent with each grandmother? Choosing from the list below, write the number of your answer on the line by the name of each grandmother listed above under "Enjoyment".
    - 1) Yes, very much
    - 2) Yes
    - 3) Not sure
    - 4) No
    - 5) No, not at all
7. How many of your grandfathers have you met in your lifetime? (These grandfathers should be actually kin to you; for example, the fathers of your parents or step-parents) \_\_\_\_\_
8. On the lines below, list each of your grandfathers by his name or his initials. If you have more than 3 grandfathers, choose the 3 you feel closest to.

Name	How often	City/state	Enjoyment
------	-----------	------------	-----------

Grandfather 1 \_\_\_\_\_

Grandfather 2 \_\_\_\_\_

Grandfather 3 \_\_\_\_\_

- a. How often have you seen each grandfather in the past year? Choosing from the list below, write the number of your answer on the line by each grandfather listed above under "How often".
  - 1) more than once a week
  - 2) once a week
  - 3) not more than once a month
  - 4) not more than 4 times this year
  - 5) not more than 2 times this year
  - 6) not more than once this year

- 7) none this year
- b. How far away from you does each grandfather live? Write the city and state where each grandfather listed above lives on the line by his name under "City/state".
- c. Do you enjoy time spent with each grandfather? Choosing from the list below, write the number of your answer on the line by the name of each grandfather listed above under "Enjoyment".
- 1) Yes, very much
  - 2) Yes
  - 3) Not sure
  - 4) No
  - 5) No, not at all
9. Have you ever lived in the same house with an older person (age 65 or older)?  
☐ Yes ☐ No
10. How do you feel about someday being age 65 and older?  
☐ Good ☐ Bad ☐ Not sure
11. Have you ever been involved in a school project where you met and interacted with older people (age 65 and older)?  
☐ Yes ☐ No
- If you checked YES above, please describe the project a little.  
 Was this a school or church project? \_\_\_\_\_  
 What did you do during the project? \_\_\_\_\_  
 How often during the project were you around older people? \_\_\_\_\_
12. How do you think your parents feel toward older people (age 65 and older)?  
                     Positive                      Negative                      Neither
13. How do you think people your age feel toward older people (age 65 and older)?  
                     Positive                      Negative                      Neither
14. How do you think television portrays older people (age 65 and older)?  
                     Positive                      Negative                      Neither

Scoring:

Question 10

Responses are given a numerical value as follows:

Good (3), bad (1), not sure (2)

Questions 12,13,14

Responses are given a numerical value as follows:

Positive (3), negative (1), neither (2)



## **Appendix B:**

### **Facts on Aging Quiz**

Each statement below is about older people. An older person is someone who is 65 years of age or older. After reading each statement, circle whether you Strongly Disagree with the statement, Disagree with it, Agree with it, or Strongly Agree with it. Circle only one.

- 1.** Most older people cannot think very well.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 2.** Most older people have trouble seeing things without glasses.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 3.** Most older people aren't interested in romance.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 4.** Breathing becomes more difficult in old age.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 5.** Most older people say they are happy most of the time.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 6.** As people get older, their strength decreases.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 7.** Most older people are living in nursing homes, mental hospitals, or homes for the aged.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 8.** Drivers over age 65 have fewer accidents than drivers under age 65.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 9.** Most older workers cannot work as well as younger workers.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 10.** Most older persons are healthy enough to carry out their normal activities, like housekeeping, cooking, and shopping.  
Strongly Disagree   Disagree   Agree   Strongly Agree

- 11.** Most older people are set in their ways and unable to change.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 12.** Older people tend to take longer to learn something new.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 13.** It is almost impossible for most older people to learn new things.  
Strongly Disagree   Disagree   Agree   Strongly Agree
14. Older people take longer to react than younger people.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 15.** In general, older people are pretty much alike.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 16.** Most older people say that they are usually bored.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 17.** Most older people say they are lonely.  
Strongly Disagree   Disagree   Agree   Strongly Agree
18. Older workers have fewer accidents than younger workers.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 19.** Most older people are poor.  
Strongly Disagree   Disagree   Agree   Strongly Agree
20. Most older people say they would like to have some kind of work to do  
(including volunteer work).  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 21.** Older people tend to become more religious as they age.  
Strongly Disagree   Disagree   Agree   Strongly Agree
- 22.** Most older people say they are usually irritated or angry.  
Strongly Disagree   Disagree   Agree   Strongly Agree

Scoring:

Items numbered in plain type are “True” and are scored 1-4.

Items numbered in bold type are “False” and are reverse scored 4-1.

Scores for items are summed to yield a composite score.

## **Appendix C:**

### **Children's Views of Aging, Section I**

#### Instructions

The following questions ask you to think about becoming an old person. For most of these questions you will just need to write a few words. For some others you will need to circle the answer that tells what you think. If you have any questions, raise your hand. There are no right or wrong answers. Don't worry if you cannot spell a word you want to use.

Please check one: Are you    a boy \_\_\_\_    a girl \_\_\_\_

For the next eight questions, you need to write a few words or circle the response you want to make. Be sure to answer each question.

1.     a) How can you tell people are growing old?  
  
b) Do you think growing old is: (circle only one)  
    A good thing to happen?  
    A bad thing to happen?  
    Neither good nor bad?
2.     a) How do you think it feels to be an old person?  
  
b) Do you think this: (circle only one)  
    Feels good?    Feels bad?    Feels neither good nor bad?
3.     a) What do you think happens when you get to be an old person?  
  
b) Do you think this is: (circle only one)  
    A good thing to happen? A bad thing to happen?  
    Neither a good nor bad thing?
4. You have been answering questions about some of the things you know about old people. Now I would like to know where you learned about old people.

Circle the one that tells where you think you learned the most. (Circle only one)

- a. television
- b. movies
- c. books
- d. your parents
- e. your grandparents
- f. your friends
- g. somewhere else

5. Now imagine you are an old person.

a) What do you think you will be like when you are old?

b) Do you think this will be: (circle only one)

A good thing? A bad thing? Neither good nor bad?

6. a) How do think you will feel when you are old?

b) Do you think you will feel: (circle only one)

Feel good? Feel Bad? Feel neither good nor bad?

7. a) What do you think you will do when you are old?

b) Do you think doing this will be: (circle only one)

A good thing to do? A bad thing to do? Neither good nor bad?

8. You have just answered some questions about what you think you will be like and what you think you will do when you are an old person. Now I would like to know where you learned about becoming old. Circle the one that tells where you think you learned the most. (Circle only one)

- a. television
- b. movies

- c. books
- d. your parents
- e. your grandparents
- f. your friends
- g. somewhere else

Scoring:

*Quantitative scoring*

For Question 1,2,3,5,6,7, each answer is given a numerical value as follows:

Question 1

A good thing to happen (3), a bad thing to happen (1), neither good nor bad (2)

Question 2

Feels good (3), feels bad (1), feels neither good nor bad (2)

Question 3

A good thing to happen (3), a bad thing to happen (1), neither good nor bad (2)

Question 5

A good thing (3), a bad thing (1), neither good nor bad (2)

Question 6

Feel good (3), feel bad (1), feel neither good nor bad (2)

Question 7

A good thing to do (3), a bad thing to do (1), neither good nor bad (2)

Scores on items are summed to yield a composite score.

*Qualitative scoring—Exemplary Responses by Category*

Question 1

Positive psychological/physical qualities

They help you.

They get more mature.

They get wise/nice.

Negative psychological/physical qualities

Their face is ugly.  
They can't get a job.  
When they start getting lonely, they get mean.

Physiological decline

They get weak.  
They shake.  
Cannot walk good/have back problems.  
Hard of hearing.

Objective physical characteristics

Hair turns gray.  
Wrinkles on face/hands.  
By their skin/hands.  
Voice is shaky.  
The way they walk.  
They have a cane.

Other

By how old they are.  
Their looks.  
The way they dress.  
Their form of entertainment.

Question 2

Positive psychological/physical qualities

Good/wonderful  
Important/helpful  
Will be fun  
Happy/nice/funny

Negative psychological/physical qualities

Bad/lonely/sad  
Weird/scared  
Rundown/feels lazy  
Can't walk good  
Not good, can't get a job  
People don't care about you  
Uncomfortable  
Grumbly  
Unwanted  
Need help/helpless  
You'll die soon  
Slower  
Don't enjoy life as much anymore  
Can't do anything

Mixed responses

Sometimes good, sometimes bad

Other

Different

Old

No different than young

### Question 3

Positive psychological/physical qualities

Can do more things

You can drive

Do not have to work

Become a parent

Get bigger

Travel a lot

Negative psychological/physical qualities

You get gloomy

Don't have as much fun

Get lonesome/lonely

Kids call you names

Sad and you want to be a teenager again and have friends

Nobody cares

Scared

Get mean

Life goes to waste

Physical decline

Cannot do as much

Sick/can't run

Bones hurt

Need help

Get weaker/sicker/slower

Hard to work

Can't work

Won't be able to move

You die

You die

Days are almost over

Get ready to die

Objective physical characteristics

Gray hair

- Use a cane
- Wrinkles/teeth fall out
- Walk slower
- Social withdrawal
  - Sit in a rocking chair
  - Only watch TV
  - Nothing/quit your job
- Other
  - Feel different
  - Get older

#### Question 5

Positive psychological/physical qualities

- Nice old lady
- Kind/friendly
- Needed
- Good citizens/helpful
- Active/OK
- Neat/clean

Negative psychological/physical qualities

- A helpless person that sits in a rocking chair
- Scared/weird
- Will look ugly
- Grouchy/mean
- Not fun/not good/sad
- Not as good as young
- Can't walk/need help
- Can't work or play
- Very weak/lazy/poor
- Unhelpful/crippled
- Lonesome/afraid
- Senile
- Will die soon

Objective physical characteristics

- Gray hair/no teeth/wrinkles
- Have a beard/get fat
- Will have a cane or walker

Mixed responses

- Good and bad

Other

- Very young/very old



### Question 6

Positive psychological/physical qualities

OK/good

Happy/nice

Relaxed

Needed

Active

Negative psychological/physical qualities

Horrible/miserable/terrible/awful

Sad/bad/sick/cranky/mean

Will feel left out

Aches/pains

Weak/tired

Will have to stay in the home

Won't be fun

Young people will make fun of you

Mixed responses

Loneome and scary but friendly

Sometimes bad and sometimes good

Other

Will be old

Will feel older

Different

### Question 7

Social participation

Swim

Be awful nice

Open up a business

Be a teacher

Be someone you can love

Buy my grandchildren toys

Visit my grandchildren

Go on roller coasters and not be a rocking chair all my life

Try to stay healthy and active

Help people

Bake a lot

Visit friends

Love

Travel a lot

Social withdrawal

Sit around all day/sit in a rocking chair

Sit on the porch  
Nothing  
Stay home all day  
Lose all my friends  
Be sick and sit around all day because old people are sick  
Watch TV  
Go to an old folks home  
Die when I get too old  
Cry a lot  
Go to bed all day

Other

Be a senior citizen  
Take it easy/vacation/retire  
Walk around the neighborhood

Don't know

## Appendix D

### Children's Views of Aging, Section III

What are some ways you would describe **old people**?

Below are 11 pairs of words. For each pair place an **X** on one of the five lines that tells what you think about **old people**.

Look at the first pair. If you think that old people are **Very Good**, place an **X** on the first line under **Very**. If you think old people are **A Little Good**, place an **X** on the line under **A Little**. If you are not sure, place an **X** on the middle line under **Not Sure**. If you think old people are **A Little Bad**, place an **X** on the fourth line under **A Little**. If you think old people are **Very Bad**, place an **X** on the last line under **Very**.

Now do this for all the questions. Read each item carefully before responding.

*You may put down only one X for each word pair.*

	<b>Old People</b>					
	Very	A Little	Not Sure	A Little	Very	
1. Good	_____	_____	_____	_____	_____	Bad
2. Unpleasant	_____	_____	_____	_____	_____	Pleasant
3. Happy	_____	_____	_____	_____	_____	Sad
4. Slow	_____	_____	_____	_____	_____	Fast
5. Pretty	_____	_____	_____	_____	_____	Ugly
6. Dull	_____	_____	_____	_____	_____	Exciting
7. Clean	_____	_____	_____	_____	_____	Dirty
8. Cruel	_____	_____	_____	_____	_____	Kind
9. Wise	_____	_____	_____	_____	_____	Foolish
10. Hated	_____	_____	_____	_____	_____	Loved
11. Honest	_____	_____	_____	_____	_____	Dishonest

**Scoring:**

Even-numbered items are scored 1-5.

Odd-numbered items are reverse scored 5-1.

Scores for items are summed to yield a composite score.

## Appendix E

### Index of Empathy for Children and Adolescents

*Please circle your response after each statement.*

- 1.** It makes me sad to see a girl who can't find anyone to play with.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
-------------------	----------	----------	-------	----------------
- 2.** People who kiss and hug in public are silly.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
-------------------	----------	----------	-------	----------------
- 3.** Boys who cry because they are happy are silly.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
-------------------	----------	----------	-------	----------------
- 4.** I really like to watch people open presents even when I don't get a present myself.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
-------------------	----------	----------	-------	----------------
- 5.** Seeing a boy who is crying makes me feel like crying.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
-------------------	----------	----------	-------	----------------
- 6.** I get upset when I see a girl being hurt.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
-------------------	----------	----------	-------	----------------
- 7.** Even when I don't know why someone is laughing, I laugh.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
-------------------	----------	----------	-------	----------------
- 8.** Sometimes I cry when I watch T.V.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
-------------------	----------	----------	-------	----------------
- 9.** Girls who cry because they are happy are silly.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
-------------------	----------	----------	-------	----------------
- 10.** It's hard for me to see why someone else gets upset.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
-------------------	----------	----------	-------	----------------
- 11.** I get upset when I see an animal being hurt.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
-------------------	----------	----------	-------	----------------
- 12.** It makes me sad to see a boy who can't find anyone to play with.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
-------------------	----------	----------	-------	----------------

**13.** Some songs make me so sad I feel like crying.

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

**14.** I get upset when I see a boy being hurt.

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

15. Grown-ups sometimes cry even when they have nothing to be sad about.

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

16. It's silly to treat dogs and cats as though they have feelings like people.

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

17. I get mad when I see a classmate pretending to need help from the teacher all the time.

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

18. Kids who have no friends probably don't want any.

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

**19.** Seeing a girl who is crying makes me feel like crying.

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

20. I think it is funny that some people cry during a sad movie or while reading a sad book.

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

21. I am able to eat all my cookies even when I see someone looking at me wanting one.

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

22. I don't feel upset when I see a classmate being punished by a teacher for not obeying school rules.

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

Scoring:

Items in bold type are scored 1-5.

Items in plain type are reverse scored 5-1.

Scores on items are summed to yield a composite score.

## **Appendix F**

### **CONSENT FORM**

#### **An Analysis of Children's Attitudes toward Older Adults**

Your child is invited to participate in a study of children's attitudes toward older adults. My name is Debra Wishard, and I am a doctoral candidate at The University of Texas at Austin, Department of Kinesiology and Health Education. This study is for my dissertation research which is a partial fulfillment of the requirements for obtaining a Ph.D. in Health Education and Health Promotion. From this research, I hope to learn more about children's attitudes toward older adults and aging. I am asking for permission to include your child in this study because he/she is 10-11 years old. I expect to have 70 participants in this study.

If you allow your child to participate in this study, he/she will be asked to complete questionnaires regarding his/her attitudes toward older adults. These questionnaires will be completed during class time at your child's school with his/her teacher present along with the researcher, Debra Wishard. Completed questionnaires will be collected by Debra Wishard. Total time required to complete the questionnaires should not exceed 1 hour. Arrangements will be made with the class teacher to make up any school work missed during this time. Your child's grades and evaluations by the school will not be affected by his/her participation in the study. Students who do not participate in the study will be asked to read a school book. Access to school records will not be necessary.

There is minimal risk to participants involved in this study. If your child has any discomfort answering any question on the questionnaires, he/she does not have to answer the question. You may have a sample copy of the questionnaires to be used if you wish.

Aging is a topic not often discussed in a school setting. Research indicates, however, that school age children have well-formed attitudes regarding older adults and aging. Attitudes regarding older adults may affect the treatment older people receive from society. Attitudes formed at early ages may potentially affect the health of people at later ages. Information gained from this study may be useful in designing school curricula regarding aging. It may also be used in designing intergenerational programs, in which younger and older people interact for mutual benefit.

Any information obtained in connection with this study and that can be identified with your child will remain confidential and will be disclosed only with your permission. Your child's responses will not be linked to his/her name or your name in any written or verbal report of this research project. Completed questionnaires will be stored in a secure place.

Your decision to allow your child to participate will not affect your or his/her present or future relationship with his/her school or with The University of Texas at Austin.

If you have any questions about the study, please ask me. If you have any questions later, call me at 266-9845. You may also contact my supervising professors, Fred Peterson, Ph.D. or Carole Holahan, Ph.D., at 471-4405. If you have any questions or concerns about your child's participation in this study, you may call Professor Clarke Burnham, Chair of the University of Texas at Austin Institutional Review Board for the Protection of Human Research Participants at 232-4383.

**CONSENT FORM** (continued)  
An Analysis of Children's Attitudes toward Older Adults

You may keep a copy of this consent form.

You are making a decision about allowing your child to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow him/her to participate in the study. If you later decide that you wish to withdraw your permission for your child to participate in the study, simply tell me. You may discontinue his/her participation at any time.

\_\_\_\_\_  
Printed Name of Child

\_\_\_\_\_  
Signature of Parent(s) or Legal Guardian                      Date

\_\_\_\_\_  
Signature of Investigator    Date



## **CHILD'S ASSENT FORM**

### **An Analysis of Children's Attitudes toward Older Adults**

I agree to be in a study about children's attitudes toward older adults. This study was explained to my (mother/father/parents/guardian) and (he/she) said that I could be in it. The only people who will know about what I say and do in the study will be the people in charge of the study.

In the study, I will be asked to complete questionnaires about my views of older people and aging.

Writing my name on this page means that the page was read by me and that I agree to be in the study. I know what will happen to me. If I decide to quit the study, all I have to do is tell the person in charge.

---

Child's Signature

Date

---

Signature of Researcher

Date

## **FORMULARIO DE CONSENTIMIENTO**

### **Un Análisis de las Actitudes de los Niños hacia los Ancianos**

Su niño (a) ha sido invitado a participar en un estudio acerca de las actitudes que tienen los niños hacia los ancianos. Mi nombre es Debra Wishard y soy candidata doctoral en el Departamento de Kinesiología y Educación en Salud de la Universidad de Texas en Autsin. Esta investigación es para mi disertación, la cual es parte de los requerimientos para recibir el grado de Doctora (Ph.D) en Educación y Promoción de la Salud. Por medio de este estudio, espero aprender mas acerca de las actitudes de los niños hacia los ancianos y el proceso de envejecimiento. Con este formulario, le pido autorización para incluir a su niño (a) en este estudio porque el/ella tiene 11 años de edad. Espero tener 70 participantes en este estudio.

Con su consentimiento a participar en este estudio, le pediremos a su niño (a) que conteste cuestionarios acerca de sus actitudes hacia los ancianos. Este cuestionario será proveído en la escuela, durante horas de clase y en presencia del maestro y la investigadora, Debra Wishard. Los cuestionarios serán recolectados por Debra Wishard, una vez sean completados. El tiempo para contestar los cuestionarios no deberá exceder

1 hora. Se harán arreglos con el maestro para reponer el tiempo de clase perdido durante este período. Las notas y evaluaciones de su niño(a) no serán afectadas por su participación en este estudio. Los estudiantes que no participen en la investigación, van a leer un libro de la escuela. En este estudio no es necesario el acceso al expediente académico de su niño(a).

El riesgo para los participantes de este estudio es mínimo. Si su niño se siente incómodo con alguna pregunta, no tendrá que contestarla. Si lo desea, usted podrá adquirir una copia de los cuestionarios.

El proceso de envejecimiento no es un tema comúnmente discutido en las escuelas. Sin embargo, algunas investigaciones indican que los niños de edad escolar tienen actitudes bien formadas acerca de las personas de mayor edad y del envejecimiento. Las actitudes hacia los ancianos pueden afectar el tratamiento que éstos reciben de la sociedad. La formación de actitudes en las edades tempranas tienen el potencial de afectar la salud de las personas cuando estas sean mayores. La información adquirida con esta investigación puede ser beneficiosa para el diseño de currículos escolares que consideren el envejecimiento. Esta información también podrá ser utilizada para el diseño de programas intergeneracionales, en los que jóvenes y ancianos interactúen para un beneficio común.

Cualquier información obtenida a travez de este estudio y que pueda ser identificada con su niño, se mantendrá a nivel confidencial y sólomente será divulgada con su autorización. Las respuestas de los niños no estarán vinculadas a

sus nombres o al de sus encargados en ningún reporte verbal o escrito de esta investigación. Los cuestionarios completados se mantendrán archivados en un lugar seguro.

Su decisión de permitir a su hijo participar en este estudio no afectará de ninguna manera su relación presente o futura con la escuela de su hijo o con la Universidad de Texas en Austin.

Si tiene alguna pregunta acerca del estudio, por favor pregúnteme. Si tiene preguntas luego, me puede llamar al teléfono 266-9845. También puede contactar a los profesores que me supervisan, Fred Peterson, Ph.D o Carole Holahan, Ph.D, al 471-4405. Si tiene preguntas acerca de la participación de su niño(a) en este estudio, puede comunicarse con el Profesor Clarke Burnham, Presidente del Consejo de Revisión Institucional para la Protección de Participantes en Estudios Humanos de la Universidad de Texas en Austin al 232-4383.

Usted puede quedarse con una copia de este Formulario de Consentimiento.

Usted esta tomando la decisión de permitir que su niño participe en este estudio. Su firma en la línea abajo indica que usted ha leído la información que le ha sido proveída y ha decidido autorizarlo a participar en este estudio. Si usted decide mas tarde que desea retirar su autorización, simplemente notifíquemelo. Usted puede discontinuar su participación en cualquier momento.

---

Nombre del Niño(a)

---

Firma del Padre o Encargado Legal

Fecha

---

Firma del Investigador

Fecha

### **FORMULARIO DE ASENTIMIENTO DEL NIÑO**

Un análisis de las actitudes de los niños hacia los ancianos

Yo estoy de acuerdo en participar en un estudio acerca de las actitudes que tienen los niños hacia los ancianos. Este estudio fue explicado a mí y a mi (madre, padre, padres, encargado) y (el/ella/ellos) me ha/han autorizado. Las únicas

personas que sabrán los que yo diga o haga en este estudio serán las personas a cargo del estudio.

En este estudio, se me pedirá que conteste cuestionarios acerca de mi modo de ver a las personas ancianas y el proceso de envejecimiento.

El escribir mi nombre en esta página, significa que las he leído y que estoy de acuerdo en participar en este estudio. Yo se lo que me pasará. Si deseo dejar el estudio, todo lo que tengo que hacer es decírselo a la persona que está a cargo.

---

Firma del Niño

Fecha

---

Firma del Investigador

Fecha

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## **Vita**

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